

Professional Black South African Women:

Body Image, Cultural Expectations

and the Workplace

by

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## Declaration

I declare that the study entitled, “Professional Black South African Women: Body Image, Cultural Expectations and the Workplace” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

**Signed: X M (Beba) Papakyriakou**

**Date 26 February 2014**

## Summary

The study explored the body image of Professional Black South African women, cultural expectations, and their experiences in Westernised working milieus, utilising a phenomenological approach and qualitative exploratory design, located within Constructionism. Data were collected through purposive sampling (and snowballing) through individual face-to-face voice-recorded semi-structured interviews with 11 participants in/around Gauteng. Analysis was done through content analysis utilising thematic networks (Attride-Stirling). Major findings: Western values have influenced participants; Lower weight and thinness do not automatically correspond with assumptions about HIV/AIDS, instead correspond with healthier lifestyle choices; Body shape not weight or size was the prominent area of focus for most participants; Clothes size determines perception of overweight; Overweight has consequences. Forty-five per cent of participants were content with their bodies, 18% dissatisfied/unhappy, 18% satisfied, one happy, one apathetic. Tswanas were generally smaller-figured; Zulus, Northern Sotho/Pedi, Xhosa in general traditionally expected full-bodied women. Overt expectations in the workplace were not found.

Key Words: Weight management, Overweight, Body Image, Cultural differences,

Professional Black Women, South Africa, Thematic Networks, Social Constructionism,

Qualitative research, Phenomenology.

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Chapter 3 - Zora Neale Hurston. American folklorist, anthropologist, and author during the time of the Harlem Renaissance (1891 – 1960). Taken from APA Style Simplified: Writing in Psychology (Kindle) Chapter 4.

Chapter 4 - Maya Angelou. American poet. Retrieved from [http://thinkexist.com/quotes/maya\\_angelou/2.html](http://thinkexist.com/quotes/maya_angelou/2.html)

Chapter 4 – Dr Stephen R. Covey. American educator, author, businessman, and keynote speaker (1932 – 2012). Retrieved from <http://www.goodreads.com/quotes/295715-we-see-the-world-not-as-it-is-but-as>

Chapter 5 - Dr Wagmari Maathai. Kenyan. 2004 Nobel Peace Prize Laureate (1940 – 2011). Retrieved from [http://thinkexist.com/quotes/wangari\\_maathai](http://thinkexist.com/quotes/wangari_maathai)

Chapter 6 - Prof. Mamokgethi Phakeng. Vice-Principal of the Research and Innovation Portfolio (UNISA). Retrieved from [http://www.kgethi.com/index.php?page\\_id=172](http://www.kgethi.com/index.php?page_id=172)

Chapter 6 - Zig Ziglar (died 2012). Motivational speaker and author. Source of quote: Zig Ziglar's Little Book of Big Quotes.



## Introduction and Orientation

*“Time is change; we measure its passing  
by how much things alter”  
Nadine Gordimer*

World-renowned economist Paul-Zane Pilzer began writing about the obesity epidemic in 1996. While there has been an enormous trend towards “wellness” with millions embracing the concept, there are millions of others who become more overweight and others more malnourished; they exercise less and/or continue to smoke (Pilzer, 2002; 2007). According to the co-founder of the National Institute of Wellness, Dr. B. Hettler, “wellness is an active process through which people become aware of, and make choices towards, a more successful existence” and “a positive striving that is unique to the individual, in which a person can be ill and still have ... a deep appreciation for the joy of living” (1976, p. 1). In 2007, Pilzer explained how the population of every developed nation continues to divide itself into two opposing socioeconomic groups, namely, those who are fit and healthy and take care of their wellness, and those who do not. He was of the view that this phenomenon has disastrous economic and social consequences.

Drenowski (2004) in turn stated that in America for example the highest rates of obesity occur among population groups with the highest poverty rates and the least education, and he concluded by stating that obesity in America is, to a large extent, an economic issue. Priya, Prasanna, Sucharitha, and Vaz (2010) for their part asserted that obesity is possibly the most prevalent form of malnutrition in developed countries, and whilst previously associated with high-income countries, obesity is now gaining prevalence in low- and middle-income countries (Ogunbanjo, 2013). Elsewhere, according to an article by Streib (Forbes Online, 2007), developing countries are dealing with what many experts call a “nutrition transition”- economies that are used to dealing

primarily with under-nutrition must now fight obesity. In the same article, Hu, Associate Professor of Nutrition and Epidemiology at Harvard School of Public Health stated in agreement, “The problems of obesity rates dramatically increase in countries that are undergoing economical [*sic*] development” (Forbes Online, 2007, para. 11).

### **Obesity in South Africa**

Regarding obesity as it pertains to the general population of South Africa, according to the report from the South African Institute of Race Relations (SAIRR, 2013) South Africa ranks third in obesity ratings after the United States of America and the United Kingdom. However, Rigby, Director of Policy and Public Affairs for the International Association for the Study of Obesity stated, “... it’s hard to make automatic comparisons; it’s more important to recognize that levels are increasing across the board” (Forbes Online, 2007, para. 18). Regardless of actual world ranking and which measurements of obesity and overweight are used globally, of particular relevance to the current study are the findings by Puoane et al. (2002), which revealed that the predominant pattern of “malnutrition in adult South Africans, particularly in African women, is one of overweight and remarkably high rates of abdominal obesity” (Puoane et al., 2002, Results, last paragraph).

A study commissioned by GlaxoSmithKline (2010) in turn found that South Africa is a nation of people in denial when it comes to perceptions of how overweight, unfit and unhealthy they are. Furthermore, 74% of South Africans think their fellow citizens are overweight, while only 34% of people considered themselves as overweight or obese, and 61%, or nearly 2 in every 3 South Africans are overweight, obese or morbidly obese. In the current study, over 73% considered themselves overweight in

varying degrees. This is more than double the figure in the study commissioned by GlaxoSmithKline in 2010.

In the lead up to the research, the literature review revealed that on the one hand is the obesity epidemic worldwide (Pilzer, 2007) with psychological, physiological, medical and social consequences (e.g. Johnson, 2012; Puoane, Fourie, Rosling, Tshaka, & Oelefs, 2005; Steyn, Nel, Parker, Ayah, & Mbithe, 2012). On the other are the trends in some Western countries towards thinness (Goedecke & Jennings, 2005), and wellness and personal responsibility for health behaviours (Puhl, n.d.).

In contrast, the literature (Kruger, Puoane, Senekal & van der Merwe, 2005; Matoti-Mvalot & Puoane, 2010; Puoane et al., 2002) revealed a different view about perceived prosperity, weight, and HIV/AIDS in some cultural groupings in South Africa. The most striking cultural contrast was that being overweight is perceived as being free of HIV/AIDS, and, quoting obesity expert Professor H. S. Kruger, Bongela (January 2012) stated that being thin is a sign that you are unwell. In addition, the stigma attached to HIV/AIDS was considered so great that it could be responsible for fuelling the obesity epidemic among Black South African women (Matoti-Mvalot & Puoane, 2010). The findings of the current study regarding the issue of HIV/AIDS and the issue of shape are presented in Chapter Four, Thematic Analysis and Reporting Findings, and discussed in Chapter Five, Discussion.

Regarding body shape, a study by Schuler et al. (2008, quoting Rucker and Cash, 1992) showed that ethnic differences in body shape perceptions could account for the higher prevalence of obesity in African-American women compared with European-American women.

## **Economic Landscape in South Africa**

Of equal importance for the current study are the changes in the economic landscape in South Africa since 1994 that have allowed more of the population greater access to more resources. According to The South African Institute of Race Relations' 2006/2007 Survey Online, in summary 16.4% of the professional workforce were African females, compared with 18.0% White females, 10.6% Coloured females, and 2.1% Indian females; and 15% African males, compared with 26.2% White males, 7.7% Coloured, and 3.2% Indian. Six years later, the 2012 Survey showed that 20.5% of the professional workforce were African females (25% increase), compared with 16.3% White females (9% decrease); and 21.9% African males (46% increase), and 21.3% White males (18% decrease).

Trends showing more African women entering the professional working milieu are relevant to the current study in that more and more women entering this environment have access to more things, including technological advancement, and they are encountering other cultures - ethnic cultures and organisational cultures - that could influence their outlook and affect the choices they make. This was echoed by Steyn et al. (2012) who stated that with more resources available to more individuals, lifestyle choices are also changing; this was also found to be true in the current study in terms of access both to healthier choices and to less healthy choices. Nevertheless, according to the literature, in the Black population in South Africa in general, thinness is not viewed as something positive (Kruger et al., 2005; Matoti-Mvalot & Puoane, 2010) in contrast to the findings in the current study. Regarding weight management, Puoane et al. (2002) stated that the greatest challenge to obesity-management in South Africa relates to the perceptions of the African community regarding the positive values attributed to obesity.

Table 1 on the next two pages shows the following: Overall employment trends from 1995 to 2005 across all four racial groups, all industries and both genders; proportion of professionals according to race and gender for all four racial groups (2005 & 2012); employment equity by occupation (middle management and above) and according to race and gender (2005 & 2011, respectively); and employment by race (Black/African) and gender (Female) in top management and senior management positions (2000 to 2011).

Table 1  
*Changes in the Economic Landscape in South Africa 1995 - 2012*

<u>Overall trends</u>	<u>African</u>	<u>African</u>	<u>Coloured</u>	<u>Coloured</u>	<u>Indian</u>	<u>Indian</u>	<u>White</u>	<u>White</u>
1995-2005	Increase of 81.3%		Increase of 24.6%		Decrease of 5.9%		Increase of 54.2%	
<b>Professional only - Employment by Occupation, Race, Gender (Proportions)</b>								
	<b>Females</b>	Males	Females	Males	Females	Males	Females	Males
2005	16.4%	15%	10.6%	7.7%	2.1%	3.2%	18.8%	26.2%
2012	20.5%	21.9%	5.7%	5.4%	2.8%	5.9%	16.3%	21.3%
<b>Employment Equity - Employment by Occupation, Race, Gender (Proportions): Legislators, Senior Officials, Managers; Professional; Technicians &amp; Associate Professional.</b>								
	<b>Females</b>							
2005	7.2%	16.4%	4.1%	5.5%	2.2%	4.8%	1.67%	43.1%
	6.4%	15%	10.6%	7.7%	2.1%	3.2%	18.8%	26.2%
	13.6%	19.3%	7.2%	7.3%	3.3%	5%	18.0%	26.2%
	Av. 9.06%	Av. 16.9%	Av. 7.3%	Av. 6.83%	Av. 2.53%	Av. 4.3%	Av. 12.82%	Av. 31.8%
<b>Black/African - Top Management; Senior Management; Professional*</b>								
	<b>Females</b>							
2011	5.5%	13%	1.5%	3.3%	1.6%	5.9%	10.2%	55.2%
	7.3%	14.5%	2.4%	4.6%	2.8%	6.8%	15.2%	43.9%
	17.5%	18.9%	4.8%	5.4%	3.7%	5.1%	15.9%	26.3%
	Av. 10.1%	Av. 15.46%	Av. 2.9%	Av. 4.43%	Av. 2.7%	Av. 5.93%	Av. 13.77%	Av. 41.8%

\* Professionally Qualified & Experienced Specialists & Mid-Management  
Source: SAIRR Survey Online (2006/7) (p. 11 – 13) (Business & Employment) taken from Stats SA, Employment and Unemployment in South Africa: October Household Surveys 1994 – 1997 (1998); South African Statistics (2000 and 2001); Stats in Brief: Ten years of democratic governance (2004); 1995 October Household Survey; General Household Survey July 2005 (2006)  
Source: SAIRR Survey Current Edition (2012) (p. 238) (Employment) taken from: Commission for Employment Equity, Annual Report 2011 – 2012, 11 September 2012, p. 35

### Employment in management by race and sex, 2000 – 2011

<i>Top managers</i>			<i>Senior managers</i>	
<i>Year</i>	<i>Black</i>	<i>Female</i>	<i>Black</i>	<i>Female</i>
2000	12.70%	12.40%	18.50%	21.00%
2001	25.10%	11.90%	19.10%	17.70%
2002	18.40%	13.80%	22.20%	21.60%
2003	23.80%	14.10%	27.30%	22.30%
2004	21.10%	15.10%	25.70%	23.70%
2005	27.20%	16.50%	27.50%	23.60%
2006	22.20%	21.60%	26.90%	27.40%
2007	28.80%	17.80%	32.40%	24.90%
2008	24.20%	17.80%	32.50%	27.80%
2009	32.20%	18.00%	35.50%	26.70%
2010	24.10%	19.00%	33.60%	29.30%
2011	30.80%	19.20%	38.40%	28.20%
<b>2000 – 2011</b>	<b>142.50%</b>	<b>54.80%</b>	<b>107.60%</b>	<b>34.30%</b>

Source: SAIRR Survey Current Edition (2012, p. 240) (Employment) taken from: The Presidency, Development Indicators 2010, December 2010, p. 19 based on Commission for Employment Equity data; Commission for Employment Equity, Annual Report 2011 – 2012, 11 September 2012, p. 36

### Rationale and Context of the Current Study

From over 14 years' experience as an independent business owner in the global nutritional and wellness industry, I have learnt that the lives of many women have been adversely affected because of their body image, their weight, their body shape and their size, and in some cases that their interpersonal relationships are strained and in jeopardy. Awareness of these experiences served as the original motivation for, and the conception of, the current study. A comprehensive literature review highlighted additional points of focus. One of these was that although research had been done on the topic at hand, namely women, weight, and interpersonal relationships, minimal research had been done that focused on a particular sub-grouping of women, namely Black South African women in the professional economic milieu. Furthermore, the researcher's (henceforth referred

to in the first person) personal understanding and perception regarding obesity in certain sectors of the South African population had been altered by reading how certain cultures in South Africa have the perception that being overweight implies being free from HIV/AIDS. This gave further impetus for the choice of topic, as well as the targeted population of professional women, which for purposes of the study was not restricted to the traditional professions of medicine, law and teaching.

### **Aims of the Research, and Research Problem**

The purpose of this study was to explore professional Black South African women's body image as well as their experiences regarding their cultural norms and expectations about weight, body shape and body size in the professional working sector, with the aim of contributing to our understanding of these perceptions and experiences, and as such endeavour to add to the role that psychology could play in the field of weight management. The research problem that was investigated is a conceptual one, as its aim was to answer the question, "What are the experiences of professional Black South African women in the professional working environment regarding cultural differences about weight, body shape and body size?" It did not seek to provide solutions for weight issues. An answer to a specific question would help promote a better understanding (Booth, Colomb & Williams, 2008) of the cultural differences regarding body image and experiences in this regard in the corporate environment. In the current study, "body image" was understood to be the way individuals perceive weight, body size and appearance (Pompper & Koenig, 2004).

To achieve the aim of the research problem, therefore, the following three questions needed to be answered:



- “What is the body image of professional Black South African women?”
- “What are the cultural expectations for women’s bodies?”
- “What are their [participants’] experiences regarding their cultural norms *vis à vis* what is expected and deemed appropriate regarding body weight, body shape and body size in the professional working sector in which they work?”

The questions as set out in the Discussion Guidelines (Appendix 2) were answered, and the aim of the research problem was achieved in that participants gave rich and thick data, which, when analysed and interpreted, produced a cohesive story about their experiences.

### **Significance of the Study, and its Value to the Field of Psychology**

I approached the research with no preconceived ideas regarding the outcome, and was of the view that the findings would contribute to knowledge about an under-researched population, namely professional Black South Africa women in a Westernised working environment. Furthermore, acceptance of others’ background, worldview and motivations is facilitated by improving and adjusting one’s own understanding of individuals different to oneself. At the very least, understanding cultivates tolerance towards differences, with a view to building stronger, healthier, more productive, and more harmonious relationships and environments. Because of this study, I am a changed individual living in a land of such diversity. My level of understanding has completely changed, and I am left humbled and grateful for the effect this study has had on me personally.

**Multicultural society.** South Africa is a dynamic multicultural country, with people living and working alongside others of many cultures. Moodaly (2008) referred to South Africa’s unique history that has produced an organisational climate in which

various races previously forcibly separated now have to work together in harmony. But how much do we know about one another's culture? I was of the view that I knew a few things, but after the study I learnt I knew very little. Holborn (2010) stated that South Africa is obsessed by race and that South Africans know relatively little about the way in which people of different races view and treat one another. Sibiya, a Black woman born to illiterate parents from an impoverished background, who rose through the ranks in the corporate environment in South Africa, spoke of the barriers that stand in the way of people working together, namely prejudice based on preconceived ideas, lack of trust and lack of respect (Sibiya, 1990). She stated, "When we have many successful, responsible individuals working together, the result is a very healthy, successful societal system" (Sibiya, 1990, p. 5). She also spoke of acculturation that is seen as a continual transmission of traits between diverse people resulting in new and integrated patterns, and of the need to harmonise diversities, "provided we seek to understand and accept our differences" (Sibiya, 1990, p. 18).

**Psychological consequences.** In addition to social and cultural issues regarding obesity and overweight, there are also psychological issues involved. Johnson (2012), President of the American Psychological Association (APA), elucidated the link between obesity and overweight, and psychology when she stated that the obesity epidemic is not a consequence of changing genes or biology; instead, it has its roots in the social environment and in human behaviour. "Psychologists are experts at understanding human behaviour as well as initiating and maintaining behaviour change. Many psychologists have contributed to our understanding of obesity, its treatment and prevention, yet most psychologists are unaware of the obesity epidemic or view it as the domain of the medical establishment" (Johnson, 2012, p. 5, print version). Johnson (2012) stated further that one of the core elements of the APA's strategic plan is to

expand psychology's role in advancing health and that psychology must play a larger role in addressing the obesity epidemic, from basic science to prevention to treatment to public policy.

The current study aimed at contributing to our understanding of a targeted population's perception and experiences regarding issues of weight and interpersonal relationships. The findings revealed that social, cultural and psychological issues are indeed involved. The impact that weight has had on the participants of the current study supported the motivation to embark upon such a study, to understand the dynamics involved and to adjust one's own perceptions. I am of the view that the study achieved its aim even though it was with a very small number of the country's population, and having achieved its aim it could add to the role psychology could play in the field of weight management.

### **Delineation of Terms**

The thrust of the research was twofold: The first was body image, which refers to the perception of the targeted population regarding their weight, body shape and body size. The second was the targeted population's experience of divergent views about what is appropriate and acceptable regarding the physicality (appearance) for professional and other individuals at higher levels within various organisations. As the study aimed at exploring the participants' perception of their weight, body shape and body size, and not their actual weight, shape or size, I held the view that traditional measurements applied to 'overweight' and 'obesity' and references to Body Mass Index (BMI) were not key factors to the exploration of this topic.

**Body image:** This is understood to mean, "a mental representation of one's own physical appearance, based partly on self-observation and partly on the reactions of

others” (Oxford Dictionary of Psychology, 2009, p. 100). Participants’ body image as well as the ‘reactions of others’ in the form of cultural expectations, social interactions and personal interactions, including what was preferred by the men in the respective cultural groupings, were analysed in Chapter Four and discussed in Chapter Five.

**Experience**, like perception, is a subjective notion, “something personally encountered, undergone, or lived through; the act or process of directly perceiving events or reality” (Merriam-Webster online, 2012).

**Perception:** This varies from person to person. Different people perceive different things about the same situation. In psychology, perception refers to sensory experience not merely experienced as such “but is interpreted with reference to its presumed external stimulus” (Oxford Dictionary of Psychology, 2009, p. 686). With each interview I did, I was struck by the fact that my perception of the participant’s weight, shape and size differed from theirs. I reflected upon this conundrum at the time and subsequently, and I explore it in Chapter Five.

**Cultural norms:** These refer to the rules or standards of conduct (in a society) that specify certain behaviours as appropriate and others as inappropriate. **Culture conflict** in turn has been defined as “occurring in a person or group when confronted with two or more contradictory cultural standards or practices, both of which are partially acceptable and over which there are conflicting loyalties” (Dictionary of Psychology, 1985, p. 170). **Cultural difference** refers to any difference between identifiable groups of people in their customs, beliefs, attitudes, knowledge, personality, norms, behaviour, art and language, and the development, change and interactions of these with the environment (The Cambridge Dictionary of Psychology, 2008). Cultural norms, cultural conflicts and cultural differences were identified in the current study, and were analysed and discussed in Chapters Four and Five, respectively.

**Tensions:** Various definitions exist and could be applied to the current study, as it explored interactions between various groups of people based on how they perceive themselves and how they fit into a particular organisational framework. For purposes of the study, the following definition was used: “A state of strained mutual relations between members of a group, characterised by antagonism and the lack of cooperation, also called social tension” (Dictionary of Psychology, 1985, p. 764).

**Interpersonal relationships:** “Generally characterising relations between two or more persons, with the connotation that the interaction is mutual and reciprocal”. “Relating to phenomena, properties, effects, etc. that result from such interactions” (Dictionary of Psychology, 1985, p. 369). The findings revealed various interpersonal interactions, which are discussed in Chapter Five.

**Professional:** For purposes of the study, participants were not restricted to the traditional professions, and instead included individuals with other professional educational qualifications, for example engineering, and those who qualify as middle management, or equivalent, and above. **Middle management** refers to management personnel between operational supervisors and policy-making administrators (Merriam-Webster online, 2012).

**Black/African:** These terms have been used interchangeably in the literature but for purposes of the current study both refer to Black South Africans. In addition, references to “professional Black South African women” in the dissertation, as per the title, are understood to mean Black South African women who are in the professions.

### **Theoretical Framework - Social Constructionism**

The chosen theoretical framework underpinning the current study is Social Constructionism (“Constructionism” or “Constructionist” perspective). Some of the most

prominent authors writing about Constructionism (e.g. Berger & Luckmann, 2011; Burr, 2003; Gergen, 1985, 2012; Gergen & Gergen, 2004) appear to concede there is no specific definition of Constructionism, for example there is no single feature that could be said to identify a Constructionist position (Burr, 2003, Locations 106-112). Social Constructionism has been said to underpin various approaches to the study of human beings (Locations 82-88). Essentially, however, Constructionism reflects upon social phenomena and how they develop in social contexts.

For purposes of the current study, I refer to Berger and Luckmann (2011) who asserted “reality is socially constructed” (Berger & Luckmann, 2011, p. 13), that “phenomena are real ... and they possess specific characteristics, and that the man in the street inhabits a world that is ‘real’ to him” (Berger & Luckmann, 2011, p.13). Constructionism is appropriate for the current study as it aimed to explore the subjective experiences of participants who interpreted their own experiences as “real” and gave meaning to their experiences. I, as the researcher, also gave meaning to their experiences through my interpretation and subsequent discussion. The reader of the study will also give meaning to the participants’ experiences. Meaning is created through our collaborative activities (Gergen & Gergen, 2004) and as people are interdependent beings, individual knowledge of the world is seen as socially constructed (Gergen, 2001, p. 805, cited in Morrow, 2007).

In the current study conceptualisation was inductive, using research questions to serve as “guides” (Maree & van der Westhuizen, 2009, p. 17) to show the way while exploring the concepts and while interpreting the data. Specifics regarding how this paradigm and the current study are linked are discussed in later chapters.

## **Research Methodology**

**Design.** A qualitative exploratory method of enquiry was utilised in the study as it is appropriate to explore the “subjective experience” of the research participants (Flick, 2009, pg. 24) and is useful for describing a situation and understanding individuals’ perceptions of their personal situations. According to Swartz, de la Rey, Duncan and Townsend (2011), in a qualitative design, a small sample size of between six and 10 is preferable. The design is discussed in Chapter Three, Research Methodology.

A qualitative design is in line with the phenomenological worldview in which this research was conducted, as the research addressed participants’ meanings and perspectives with a view to understanding "how the everyday, inter-subjective world is constituted" (Ho, n.d., citing Schwandt, 2000). Its goal is to describe a “lived experience” (Waters, n.d.) of a phenomenon, focusing on descriptions of people’s experience and how they have these experiences (Ho, n.d., citing Patton, 1990).

A phenomenon is defined as “anything that can be perceived or observed” (Colman, 2009, p. 571). The phenomenon in the current study is the broad issue of weight management through the exploration of participants’ body image, the cultural expectations for women’s bodies, as well as their experiences regarding cultural norms and what is expected and deemed appropriate regarding body weight, body shape and body size in their professional working environments.

**Population, participants and participant selection.** The population for the study was professional Black South African women. Using purposive sampling based on the characteristics of inclusion relevant to the research question (Swartz, et al., 2011), 10 participants in the province of Gauteng (South Africa) and one participant working in the North-West province close to the Gauteng border were selected primarily from my databases of women who had approached me through my business for weight

management solutions. Of the 11 participants in the study, three were referred to me by people I know based on the same characteristics of inclusion. Participants' ages varied between 29 and 60 years of age, while marital status varied across the spectrum (from Single to Married to Divorced and Widowed), some with children, and some without. Six participants work in the private sector, four in the public sector and one works for a parastatal organisation. Regarding ethnicities represented in the study, one participant was Tswana, five were Zulu, two were Northern Sotho, one referred to herself as Pedi (which some participants said is Northern Sotho), and two were Xhosa.

**Data collection and content analysis.** Demographical information and narratives were collected from 11 professional Black South African women in relevant positions (as defined) in organisations and/or based on their educational qualifications, through individual, face-to-face in-depth semi-structured interviews conducted in English aimed at collecting a rich account of every participant's perception and personal experiences. To quote Patton (1990): "The purpose of interviewing is to find out what is in and on someone else's mind. The purpose of open-ended interviewing is not to put things in someone's mind (for example the interviewer's preconceived categories for organising the world) but to access the perspective of the person being interviewed" (Patton, 1990, p. 178). A single interview lasting between 35 minutes and 90 minutes (the latter with two participants), but on average lasting 45 minutes, was conducted with each participant between February and July 2013.

Being conscious of the requirements of open-ended interviewing, I did my utmost not to burden the interview with my own thoughts or values. At the same time however, I was interested in having a dialogue with each participant, and actively participating in a conversation in order to get something meaningful from the interview. As one participant remarked: "It's a discussion, we engage each other", "... substance ..." (Participant 3).



To quote Sapadin (2013): “A good conversation is constructed by a speaker and a listener each doing their part. A great conversation is constructed with respectful, interesting, enriching content. You learn something. You teach something. Your knowledge increases. Your curiosity is piqued. You relish the time spent together” (Dr. Linda Sapadin, personal communication, 27 August 2013).

Prospective participants were contacted telephonically and/or through electronic means; the nature of the research was outlined by way of the Informed Consent Form (ICF) and the Discussion Guidelines (Appendices 1 & 2, respectively) on which the face-to-face interview would be based; interviews were set up, and were conducted either at the participant’s place of work, other chosen environment (one participant) or at her home (one participant). Data were recorded on a digital voice recorder, and I personally transcribed each interview verbatim, and then did the analysis using Thematic Networks as described by Attride-Stirling (2001). Data collection is discussed fully in Chapter Three (Research Methodology), while the content analysis and the themes that were identified are reported on in Chapter Four, and discussed in Chapter Five.

### **Ethical Considerations**

According to Flick (2009), codes of ethics are “formulated to regulate the relations of researchers to the people and field they intend to study” (Flick, 2009, p. 36). In addition, these codes of ethics should be based on informed consent, and the research should avoid harming participants, should not invade their privacy or deceive them about the aim of the research. Chapter Three gives more details about how each of these considerations was managed. Below however is an overview.

**Informed consent.** The World Health Organisation’s (WHO) Informed Consent Form was modified for the current study and it included details of the study. Upon

selecting potential participants and getting their permission to send them some information regarding the study, each participant was sent the study's ICF plus Discussion Guidelines (questions) to enable her to decide if she wished to participate in the study. It made clear the aims of the research, by whom it is being conducted, whom they could contact, and what its purpose is, as well as what the participants could expect, including issues of confidentiality.

**Non-maleficence and beneficence.** The goal with the current study was to gain new information and understanding about the specific topic in a specific sub-grouping of individuals. The intention was not to cause them any harm or embarrassment. The goal could be ensured through private interaction with the participants, and confidentiality as regards the information given and the anonymous manner in which the information would be written in the dissertation. Furthermore, the participants were informed about having the option of being referred for counselling should the interview material cause psychological distress. Beneficence is in addition about producing some positive and identifiable benefit (Flick, 2009). To this end, once the dissertation has been examined, the intention is to share the overall results with the participants (Leedy, 1980) by way of a Feedback Pamphlet (Appendix 5) with no identifiable specifics and only general findings as a means of thanking them for their time and input. The issue of intellectual property rights has been noted and will be adhered to.

**Autonomy or self-determination.** These refer to the research participants' values and decisions that should be respected. These could be managed by being conscious of one's role as researcher not wishing to judge participants' choices and experiences. Furthermore, the ICF made it clear that participants could withdraw from the interview and the study at any time should they wish to and that they could re-schedule the appointment if they felt uncomfortable at some point but wished to complete

the interview. The other principles of ethical conduct (Swartz et al., 2011) regarding fidelity and behaving in a trustworthy manner, integrity and commitment to the truth, justice (whereby all people are to be treated equally), and respect for human rights and dignity were noted and could be ensured through the same respectful, confidential interaction with the participants.

Lastly, the concept of “Authenticity” was applicable to the study and is discussed in later chapters. Authenticity involves research that is worthwhile and considers its impact on members of the culture or population being researched, and is seen as an important component of establishing trustworthiness in qualitative research so that it may be of some benefit to society (James 2008, cited in Given, 2008).

### **Trustworthiness**

The trustworthiness of a study establishes how confident the researcher is about the truth of the findings based on the research design, participants and context (Lincoln & Guba, 1985, cited in Krefting, 1990). In qualitative research, “truth value” (Krefting, 1990, p. 215) is usually subject-oriented and not defined *a priori* by the researcher (Sandelowski, 1986, cited in Krefting, 1990). Lincoln and Guba (1985) termed this credibility. In addition, trustworthiness is about: Transferability, which shows that the findings have applicability in other contexts; Dependability, showing that the findings are consistent and could be repeated; and Confirmability, which is a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest (Lincoln & Guba, 1985, in RWJF, 2008).

The manner in which these were achieved is discussed in Chapter Three. In summary, however, once the thematic analyses had been completed, both the supervisor of the study and an independent consultant checked for scientific soundness, and found it

to be so. A certificate confirming consensus reached regarding the major themes is included as an appendix (Appendix 4).

### **Scope of the Study**

The study did not aim to produce results that will be generalised to a broad population, and indeed the nature of the data collection method, as well as the non-probability sampling method and the size of the sample would raise flags of caution if an attempt were made to generalise findings. However, the findings would be relevant for the research population, for the expansion of knowledge and for possible future uses to replicate the study in other contexts.

### **Overview of the Remaining Chapters**

Chapter Two (Literature Review) discusses the existing literature relevant to the topic.

Chapter Three (Research Methodology) describes the research process in detail, namely the research design, participant selection, and data collection method. In addition, it discusses Constructionism, limitations and delimitations, trustworthiness, as well as ethical considerations and how they were dealt with in the study.

Chapter Four (Thematic Analysis and Reporting Findings) reports on the thematic analysis and the themes that were identified.

Chapter Five (Discussion) integrates the findings with the existing literature and the theoretical framework of the study.

Chapter Six (Conclusion) addresses the strengths of the study, and mentions relative weaknesses; it also makes recommendations for practice emanating from the findings, and suggestions for future research. In addition, as an active participant in the

study in that I engaged with the participants, and did not just send them a questionnaire to complete or quickly answer questions on a survey, the final chapter includes self-reflection regarding the research process and my experiences in conducting this research.

## **Summary**

This chapter comprised the following:

- An introduction to the study, and a brief discussion regarding the obesity epidemic and the changed economic landscape in South Africa.
- The rationale for the study that was based on my years of experience in the field, and the literature that highlighted other issues; the aims and research problem to achieve an understanding of the experiences of a specific sub-grouping of the South African population; its significance and its potential value to the field of psychology in line with the APA's strategy to expand psychology's role in the battle against obesity.
- The relevant terms used in the study, literature regarding the theoretical framework of the study (Constructionism); the research methodology, which is qualitative in nature, and in line with a phenomenological worldview, using face-to-face interviews with purposive and snowball sampling; and the scope of the study.
- It concluded by giving an overview of the remaining chapters.

Chapter Two is the review of the literature.

## Chapter Two: Literature Review

*“For Africa to me ... is more than a glamorous fact.  
It is a historical truth.  
No man can know where he is going  
unless he knows exactly where he has been,  
and exactly how he arrived at his present place”  
Maya Angelou*

### Introduction and Overview

The topic of the current study had two areas of focus that have evolved over time. One is the obesity epidemic; the other is the two “lifetimes” in South Africa, namely pre-democracy and post-democracy. Both these lifetimes are relevant to the study as Black South African women were scarce in the professional workforce prior to 1994 but with changes in the economic landscape since then, the number of Black South African women entering the professions has steadily increased, which provided impetus for focusing the current research on this particular sub-grouping of women.

Despite the many changes in the economic landscape and the progression of the obesity epidemic in South Africa, literature regarding the research topic seems limited. While some studies have certainly been done (e.g. Kruger et al., 2005; Puoane et al., 2002; Skaal & Pengpid, 2011), the overriding limitations in the existing body of knowledge are that few studies were found to have the combination of the current study focusing on professional Black South African women and weight issues. Some studies have made comparisons with other cultures and Western views about weight (e.g. Mchiza, 2008; Puoane et al., 2005); few (e.g. Schuler et al., 2008) were found on cultural differences; and none was found regarding the experiences of professional Black South African women and their weight, shape and size, and possible tensions that might exist between individual ethnic cultures, and professional cultures and expectations in the professional working environment.

The majority of available literature is only of general relevance to the study, while some studies are available that share areas of similar and complementary interest to the current study in countries other than South Africa. The current study therefore endeavoured to address the gaps that exist in the current body of knowledge regarding the topics of the research and the unique South African experience. In Chapter 5, Discussion, I compare the findings of the current study to the South African studies in the literature (e.g. those by Goedecke & Jennings, 2005; Prinsloo et al., 2011; Steyn, Nel, Parker, Ayah, & Mbithe, 2012) as well as to literature relating to studies in other populations (e.g. those by Bramble, Cornelius, & Simpson, 2007; Cash, Morrow, Hrabosky, & Perry, 2004; Christakis & Fowler, 2007; 2011; Hebl & Turchin, 2005, quoting amongst others Crocker, Cornwell & Major, 1997; Latner, 2012; Thompson, 2005; Tiggemann & Lynch, 2001).

This chapter begins with a synopsis of the existing body of knowledge pertaining to the obesity epidemic, and briefly refers to global wellness trends; this is followed by literature pertaining to the research questions and the main concepts that were explored in the current study (Body Image, Cultural Expectations, and the Workplace). Thereafter other relevant literature is reviewed. The chapter concludes with a summary.

### **Epidemic of Obesity**

The obesity epidemic is estimated to have begun in the 1980s and has seen rapid acceleration in the past three decades in high-income industrialised nations as well as in middle- and low-income developing countries (Popkin, 2007, pp. 227 - 238; Puoane et al., 2002). According to the Harvard School of Public Health regarding global obesity trends reported on in 2013, “There isn’t a region in the world untouched by the obesity epidemic. Once just a problem of wealthy nations, obesity now impacts countries at all

economic levels, bringing with it a wave of ill health and lost productivity” (n.d., para. 1). The report further referred to the obesity epidemic as a health issue whose burden is felt more in those individuals with lower income and less education than in individuals with higher income and more education (n.d., para. 3). This was echoed by Streib years earlier (Forbes Online, 2007), and by Puoane et al. (2002) in their study based on South Africans who participated in the Demographic and Health Survey (1998). The latter’s findings showed that South African women in particular are overeating, which is being influenced by such factors as their age, the education level they attained, their ethnic background, and where they live.

According to the World Health Organisation (WHO) (Fact sheet, June 2009) “People are getting fatter almost everywhere in the world” (WHO, Fact sheet, 2009, p. 2). The World Health Organisation’s predictions are grave with forecasts indicating that by 2015 there will be 2.3 billion overweight adults in the world, and over 700 million of those will be obese (p. 2). In addition, in the 2012 Obesity Update (citing statistics from 2009 and 2011), the Organisation for Economic Co-operation and Development (OECD) stated that even though the epidemic of obesity has decelerated in several OECD countries in recent years, obesity rates remain high and social disparities continue unabated. Whilst no countries on the African continent are members of the OECD (OECD Home) as yet, including South Africa, the information regarding obesity rates is nevertheless important as Western lifestyles have been shown to influence the lifestyle of South Africans (Mchiza, 2008; Puoane et al., 2005). The importance and value of a report such as the OECD’s (2012) obesity update is that it could serve as a guide regarding trends that are affecting other populations and how they are being addressed, in order perhaps to find ways to alleviate the obesity epidemic in South Africa.



Regarding the OECD and its mission of promoting policies that will improve the economic and social wellbeing of individuals around the world (OECD, Obesity Update, 2012, p. 1) there are currently a total of 34 member countries since the first 20 signed the Convention on the Organisation for Economic Co-operation and Development in 1960. The OECD (2012) obesity update discusses trends regarding obesity rates as well as a “fat tax” that has been introduced in certain countries in an effort to combat obesity. Fat tax has been levied on various unhealthy food and beverage items in an effort to promote healthier eating habits. Whilst conceptually sound, the report discusses the fact that the efficacy of the fat tax depends upon consumer behaviour, thus placing the power of lifestyle change in the hands of individuals, partially in contrast to studies regarding lifestyle and free will done by Dr. Puhl (n.d), and Levitsky & Pacanowski (2011) that are discussed under **Other Relevant Literature**, which suggest individuals have less control over what they consume than they think they have.

For purposes of the current study, the following statistics in the OECD (2012) obesity update have been identified as being noteworthy:

- Women were found to be more obese than men; however men’s obesity rates have been increasing faster in the OECD countries (p. 2). Regarding South Africa, the findings over a decade ago (Puoane et al., 2002) showed 29.2% of South African men were overweight or obese, and 56.6% of South African women were overweight or obese. Increased obesity rates were revealed in both men and women in all population groups in South Africa (Department of Health, Medical Research Council, 2007), emphasising and confirming that the trends in South Africa are congruent with trends elsewhere.
- Between 1% and 3% of total health expenditure in most countries has been estimated to be as a result of obesity, with costs expected to rise rapidly in the future as

obesity-related diseases set in (OECD obesity update, 2012, p. 1). In South Africa, concerns about obesity-related healthcare costs have been echoed by Conway-Smith in the Global Post (November 2011).

- Poor health is said to go jointly with poor job prospects for obese people, as, according to the OECD (2012) report, employers prefer normal-weight over obese job applicants “partly due to expectations of lower productivity” [in obese applicants] (OECD Obesity Update, 2012, p. 3). Furthermore, obese people need to take more days off, claim more disability benefits, and tend to be less productive than people of normal weight (p. 3). Preferences for normal-weight job applicants and expectations of lower productivity speak to discrimination and negative bias. It is unclear if anti-discrimination laws exist in the OECD countries. Regarding bias, however, this is consistent with statements for example by Dittmann (January 2004), Goedecke and Jennings (2005), Landau (2009), Puhl and Heuer (2009) discussed later in this review.

Below is an excerpt of some of the important statistics relating to obesity according to the OECD Obesity Update (2012, p. 5), and what is termed “the economics of prevention”, which relates, *inter alia*, to the analysis of issues and policies in preventing conditions linked to diet and physical activity, and the expected growth and burden of chronic diseases in relation to lifestyle changes.

- For every two people, at least one is overweight or obese in more than half of the OECD countries. Rates are projected to increase further and in some countries two out of three people will be obese within ten years. This has been shown to be the case in South Africa in the GlaxoSmithKline study (2010).
- The latest data in the OECD (2012) report reflect a deceleration of the obesity epidemic in several countries, with virtually stable rates in countries including Switzerland, Italy, and England over the past ten years, and slight increases in France

and Spain. However, larger increases were recorded in Ireland, Canada and the United States. In South Africa, obesity rates continue unabated (SAIRR, 2013).

- Health expenditures for an obese person are said to be 25% higher than for a person of normal weight in any given year, while obese people earn up to 18% less than non-obese people (OECD, 2012). Literature pertaining to these issues as they affect South Africans was not sought, but references to the overburdened healthcare system in South Africa due to obesity were made, for example by Conway-Smith in Global Post (November 2011) based on references by obesity expert Professor Kruger.
- Women who are less well educated are reported to be double or three times more likely to be overweight than women who are more educated, but this was not found to be the case for men. OECD countries have made no progress in tackling these disparities (OECD, 2012). In South Africa, some literature points to the issue of education and obesity levels regarding women (e.g. Prinsloo et al., 2011; Puoane et al., 2002; Vanda & Roberts in the Medical Research Council's news report, December, 2006)
- A comprehensive prevention strategy would prevent tens of thousands of deaths from chronic diseases in countries such as Japan, Italy, England, Mexico and Canada every year, ranging from 40 000 to 75 000 (OECD, 2012). No literature pertaining to this issue as it applies to South Africa was sought or encountered during searches for other relevant literature, but there were references in the literature to certain attempts at promoting healthier lifestyle choices, for example Health Minister Motsoaledi was quoted in Conway-Smith's article (November 2011) as saying he is challenging colleagues to lose weight.

While these statistics do not include statistics for South Africa, they are portentous for the epidemic of obesity in this country.

**Epidemic of obesity in South Africa.** Regarding the obesity epidemic as it pertains to South Africa (Department of Health, Medical Research Council, 2007), this is what was found across all populations in South Africa (categorised according to African, African urban, African non-urban, Coloured, White, and Indian): In 1998, 21.5% of men were categorised as being overweight, and 10.5% as being obese, while 26.3% of women were categorised as being overweight, and 11.5% as being obese. The figures for the same demographic in 2003 were as follows: 26.3% overweight men (22% increase), 28.2% obese men (168% increase); and 28% overweight women (BMI 25 and over) (7% increase), 25% obese women (BMI 30 and over) (117% increase). The report further stated that perceptions about overweight differ among populations of women where all four groups (African, Coloured, White, Indian) perceived themselves as not being overweight in varying percentages, with White women having the lowest percentage difference between actual and perceived weight.

According to the 2010 GlaxoSmithKline national health survey, South Africans are of the belief that they are healthy even when they are overweight or obese. The percentages are as follows: 78% of obese people and 52% of morbidly obese (BMI 35 and over) individuals imagine they are fairly healthy or very healthy, while under half (42%) did not appear to have health concerns, and just under half (47%) acknowledged that exercise and/or physical fitness is vital (GlaxoSmithKline, 2010, para. 3). Furthermore, almost two-thirds of obese people, and morbidly obese individuals (60% and 62%, respectively) consider themselves only to be overweight; around half (49%) of South Africans do not exercise; and almost three-quarters (71%) have never been on a weight loss regime (para. 3). Coupled with these studies are others regarding perception of weight status (e.g. Latner, 2010; Riley et al., 1997; Tiggemann & Lynch, 2001) and they are discussed under **Body Image** later in the chapter.

**Fuelling the obesity epidemic?** Under the topic of Body Image in the Mail and Guardian online (January, 2012), Bongela wrote that being overweight was - and still is - considered a sign of prosperity in African communities in South Africa. This was supported by Puoane et al. (2002) who referred to the perceptions of Africans regarding the high value attributed to obesity whereby in numerous sectors of the African population being overweight is perceived to be an indication of prosperity and happiness (Puokane et al., 2002, Discussion, para. 3), and where a woman who is obese or overweight is seen as a reflection on her husband's ability to care for her and their family (Discussion, para. 3).

In Kruger et al. (2005), women who are younger and those who have more education were said to be more aware of slimmer bodies to which they aspire (Kruger et al., 2005, p. 493, citing Kruger & van Aardt, 1998) but there appears to be a different perception in the Black population in general. According to both a national survey and small regional studies, not many women who are overweight or obese perceive themselves as overweight; furthermore, the community perceives women who are somewhat overweight as being attractive, which is associated with positive attributes such as “respect, dignity, and affluence” (Kruger et al., 2005 p. 493, quoting Mvo, Dick & Steyn, 1999; Faber & Kruger, 2005; Puoane et al., 2005; Senekal, Steyn, Machego & Nel, 2001).

Bongela (January 2012) in turn referred to an *umkhaba*, “boep” or potbelly as being associated with power and wealth (Bongela, January 2012, para. 2). In thinking of a different generation - his father and other elders - a large stomach was an unspoken prerequisite for being respected by peers, women and youth. In a parallel context, Bongela (January 2012) stated that a woman's wellness was also measured by her weight, a view supported by Puoane et al. (2002). A thin African woman was an unhappy

woman; similarly, being thin appeared to be a sign of poverty and ill health. According to obesity expert Professor Kruger (quoted in Bongela, Mail & Guardian, January 2012, para. 13), “Being too thin is a sign that you are unwell”, while some associate thinness with HIV/AIDS, and few Black women who are overweight perceive themselves as overweight (Kruger et al., 2005).

Supporting this view is a study by Matoti-Mvalot and Puoane (2010) that aimed to explore the perceptions of Black South African women that individuals who are thin have AIDS or are HIV-positive. The findings, inter alia, showed that 69% of the 513 Khayelitsha women, who were 18 to 65 years of age, associated a thin figure with HIV/AIDS, while only a handful (around 10%) thought a thin body was an indication of health. Half the participants in Matoti-Mvalot and Puoane’s study showed preference for a body that is of normal-weight, while only just over one-third were of the view that individuals who were of normal weight reflected health. Two-thirds showed a preference to be overweight, while over one-third thought that being overweight symbolised being healthy. It is remarkable that what emerged from the Matoti-Mvalot and Puoane study is that this group of participants actually were prepared to be overweight and have various health consequences rather than be slim and be perceived as having AIDS or being HIV-positive. According to Matoti-Mvalot and Puoane’s study, the stigma attached to HIV/AIDS could be a contributing factor, at least in part, for promoting the obesity epidemic among African women in South Africa.

**Healthcare costs and health implications.** Some literature referred to health costs, not including psychological issues or the personal cost of being overweight. Regarding healthcare costs, a report by Africa Correspondent Conway-Smith in Global Post (November, 2011) stated that medical experts are frightened by the health repercussions ahead (for South Africa), and the rising healthcare costs from

obesity-related illnesses that will impact on South Africa's overburdened public healthcare system that is lacking in resources. Conway-Smith's (November 2011) report is based on references from Professor Kruger at South Africa's North West University as well as to comments by Health Minister Motsoaledi, who is a medical doctor reportedly endeavouring to change the image of oversized local politicians by challenging his colleagues to lose weight, having himself dropped four clothing sizes (Conway-Smith, November 2011, paras. 14 & 15). According to Conway-Smith's (November 2011) article, Dr Motsoaledi said, "The problem is, having a tummy is regarded as a sign of male maturity ..." (para 15, line 1), echoing Bongela's comments (January 2012), and that democracy is "absolutely" making South Africans overweight by not exercising and eating the wrong foods (Conway-Smith, November 2011, para. 16, line 2).

In an earlier report by Vanda and Roberts in the Medical Research Council's news report (December 2006) that has as a heading, "Bigger, but not better: Obesity is on the increase among South African women of all races. What are the health implications?" the authors quoted Dr A. E. Schutte who found that, ironically, the obese group in a 2003/2004 study who had various medical consequences of obesity, for example diabetes and high blood pressure, showed significantly more satisfaction with life compared with the controls in the study who were overweight and/or slender. No reasons were offered but one could speculate as to whether the positive values ascribed to obesity (Puoane et al., 2002) were deemed to outweigh any health issues they might have.

President of the APA, Johnson (2012) in turn stated that apart from issues of mortality and various health and physiological issues, for example, blindness, and leg amputation, obesity appears to diminish one's quality of life and that depression is considerably more likely to occur in obese people. References to satisfaction with life and quality of life in these two reports are contradictory, and neither gave reasons why the

population they refer to have significantly higher levels of life satisfaction while a different group is far more likely to suffer from depression. One might speculate that different population groups perceive issues of weight and concepts of wellness differently, thus causing one group to have higher levels of quality of life and another group to be more inclined to suffer from depression, among other health issues.

### **Global Wellness Trends**

In an effort to balance the reports regarding obesity, but without conducting an extensive search for literature regarding wellness trends, as those are beyond the scope of the current study, I have nevertheless included three reports regarding wellness trends.

Despite the global pandemic of obesity, trends towards wellness, weight management products, and fitness (Pilzer, 2002, 2007) are on the increase as indicated by noted economist Pilzer when he referred to “the voluntary conversion of many sickness and food industry providers (including to some extent McDonald’s and Walmart) to wellness and healthy food offerings” (Pilzer, 2007, p. viii). This was echoed in an article in the New York Times (Strom, September 2013) who reported that campaigns are underway in some sectors of the food industry to reduce childhood obesity by being aware of health-conscious customers and featuring alternative food choices that are lower in fat, salt or sugar content (Strom, September 2013, p. B1).

Furthermore, regarding global trends towards healthier options, Senior Health and Wellness Analyst, Cowland (January 2013) stated that wellness products among others remained in high demand across the globe, and offer additional benefits over and above normal nutrition (Cowland, January 2013, p. 1). The latest findings in health and wellness research revealed high growth forecast in the billions globally, which though not directly relevant to the current study, reflects the trends towards healthier lifestyles.



However, of relevance to the current study is that long-term weight control was cited as being among the top 5 functional trends for 2013 (Cowland, January 2013, p. 1).

### **Body Image**

Body image is the way individuals perceive weight, body size and appearance (Pompper & Koenig, 2004). Also, according to Featherstone (2010) there are several definitions of body image, in addition to which it has been argued that the nature and structure of body image shifts through the years and varies between cultures (Featherstone, 2010, p. 193). Furthermore, body image has shifted from a “relatively well-defined, singular and closed body image in the 19<sup>th</sup> century ... to a more open and ambiguous sense of body image ...” (Ferguson, 1997a, 1997b, cited in Featherstone, 2010, p. 194).

The notion of body image changing over time has also been found in a study done by Cash, Morrow, Hrabosky and Perry (2004) in their investigation of various aspects of body image among over 3000 scholars over a period of 18 years (1983 - 2001) at a Mid-Atlantic university in the United States. Whereas the study had as a common denominator the population over time of one college in the United States and with a sample of participants under the age of 30, it is nevertheless of interest. What they found was that the body dissatisfaction among women who are not Black increased until the first half of the 1990s; thereafter they found significant progress in the manner in which body image was evaluated as well as lower preoccupation with being overweight for Black women and those who were not Black alike, notwithstanding body weights that were heavier. This could possibly be due to the global wellness trends and the focus on healthier lifestyles. Women’s emotional and mental investment in their appearance

gradually decreased, however, potentially serving as a shield against being negatively evaluated in terms of their bodies. Men's body image, in contrast, was unchanged. It is unclear why there is a disparity between the genders.

A study done by Tiggemann and Lynch (2001) involving 322 women between the ages of 20 and 84 years found that even though the group's body dissatisfaction remained stable, other psychological components decreased with age, including appearance anxiety, which is of relevance to the current study. They pointed out however that even though body dissatisfaction remained constant with age, what did not remain constant was the meaning of weight. With age, the ratings of ideal weight increased, possibly because women based their judgements on contemporaries of similar age who generally gain weight as they age or possibly because women may choose the type of body they feel more able to achieve. Also, it was suggested that it would seem the body becomes less important to women as they become older, and that appearance-related attributes are less highlighted, less scrutinised, and create less anxiety. The reasons for this do not appear to have been cited.

According to Latner (2012, cited in Cash, 2012) various factors are associated with body image in obese individuals, such as body weight, obesity stigma, binge eating, ethnicity, gender, and weight change. Obesity however is not universally related to body dissatisfaction and it is important to note that being underweight may also be associated with body image dissatisfaction. Latner (2012) remarked on the importance of understanding the factors that increase body image distress in both overweight and underweight populations in order for future researchers to attempt to prevent and alleviate body image distress.

Following on from Featherstone's (2010) argument that the nature and structure of body image not only shifts through the years but also varies between cultures

(Featherstone, 2010, p. 193), what is also worth noting is that cultural norms start early in life and do not apply only to women, according to the finding that White girls exhibit greater dissatisfaction with their body image than do Black girls or mixed-race girls (Goedecke & Jennings, 2005). In their article regarding “Black-White” contrasts in female body satisfaction, Roberts, Cash, Feingold, and Johnson (2006) in turn stated that substantial research has suggested that White women are less satisfied with their bodies than are Black women and that Black women report they are more satisfied with the size and appearance of their bodies (as well as how it functions). It would appear however that other researchers are beginning to question this, according to Roberts et al. (2006, citing Dolan, Lacey, & Evans, 1990; Shaw, Ramirez, Trost, Randall, & Stice, 2004; Striegel-Moore, Schreiber, Pike, Wilfley, & Rodin, 1995; Wilfley et al., 1996), and indeed there are suggestions that body dissatisfaction among (minority) Black women will increase through the process of becoming part of a majority White society (Roberts et al., 2006, citing Abrams, Allen, & Gray, 1993; Hsu, 1987).

Riley, et al. (1997) in turn proposed that Black women’s self-image is not overly dependent upon body size, which could partially account for the high incidence of obesity in Black women. They explored the connection between dieting behaviour, self-image and body size among a sample of over 1100 Black women, aged between 24 and 42 years, in four US states, by assessing scores regarding appearance evaluation and body image satisfaction. The results suggested that a higher BMI is linked to less healthy self-image and to lower body size satisfaction; furthermore, that these perceptions could promote weight control (Riley et al., 1997, p. 1062), in contrast to the findings pertaining to African communities in South Africa as cited (e.g. Bongela, January 2012; Puoane et al., 2002). The findings by Roberts et al. (2006) did not support their initial suggestions and showed that body size is indeed an important factor in self-image. Tackling the

problem of higher BMI using psychological means could be a step in the right direction, assuming that lower BMI through common endeavours of physical activity and calorie controlled diet will positively affect self-image, which in turn will continue to promote healthy choices.

**Studies in South Africa.** The literature review revealed further studies regarding perception of overweight even though only a few were conducted in South Africa and only two involved women in the professions (i.e. Kruger et al., 2005; Skaal & Pengpid, 2011). I begin with the study by Kruger et al. (2005) regarding obesity and the challenges experienced by government and health professionals, in which they reviewed data from existing literature whose emphasis was on the health consequences of obesity in South Africa, as well as urbanisation, globalisation, cultural factors, perceptions, and changing patterns of eating and activity. Apart from the findings that not many overweight Black women perceive themselves as overweight, and that being thin implies being HIV-positive or having AIDS, factors contributing to the prevalence of obesity were increased food intake and decreased physical activity, in line with findings by Puoane et al. (2002) and Steyn (2005).

In another study involving South African healthcare workers relating to obesity and health problems, Skaal and Pengpid (2011) found that a high percentage of the randomly selected participants, in this case 73%, were obese or overweight, but that the majority had inaccurate perceptions of their weight. This is consistent with studies by Faber and Kruger (2005), Kruger et al. (2005), Puoane et al. (2002), as well as a study by researchers from North-West University reported on by Vanda and Roberts (2006), quoting Professor Kruger and Dr Schutte.

The study by Puoane et al. (2002) with a sample of just over 13 000 men and women aged 15 years and older in various provinces, and both urban and non-urban areas

in South Africa, found that even though over half the Black women (56.6%) reported the highest rates of obesity, not as many perceived themselves to be obese, in contrast to reported perceptions by White women. A different study conducted in South Africa, in a rural village in KwaZulu-Natal by Faber and Kruger (2005) involving a survey using a convenience sample of 5187 Black women found the following: Under one-third (28.9%) were at normal weight, almost half (41.2%) were overweight, and almost a third (29.9 %) were obese. The findings revealed that dietary intake and the view of weight control did not differ among the groups and that most [no percentage given] women were not concerned about their weight, while a negligible percentage (2%) of the women who were overweight and almost one-third (30%) of the women who were obese thought they were too “fat” (Faber & Kruger, 2005, p. 238). Ninety-six per cent agreed that biological factors caused obesity, 39% agreed that poor eating habits caused obesity and almost one-tenth agreed that eating too much food caused obesity.

In addition, most of the women did not recognise that a relationship existed between food consumption and degenerative diseases, despite the obese women suffering from back pain and having significantly higher blood pressure compared with the normal-weight and overweight women. The method of data collection, a survey, appears to have achieved one of its objectives of determining attitudes towards weight control, and given the rural setting and large sample size, a survey was possibly the most effective means of collecting data. However, whilst the findings revealed that most [no percentage given] of the women who were overweight or obese did not want to lose weight, no reasons appear to have been given as to why this was the case. The researchers stated that by accepting overweight and obesity, the effectiveness of weight management programmes could be jeopardised.

Pertaining to Faber and Kruger’s (2005) study and others regarding perception of

weight status, whilst I am in no way suggesting that the issues involved in obesity and overweight are the same as, for example, those involved in issues with alcohol or substance abuse, one could draw a parallel regarding the first step towards controlling something like obesity, namely to admit there is a problem. It would appear however that there is a lack of awareness of individual challenges regarding the causative factors of being overweight and obese according to the South African studies (e.g. Department of Health, Medical Research Council, 2007; Skaal & Pengpid, 2011) and in studies in other countries, discussed below (e.g. Paeratakul, White, Williamson, Ryan, & Bray, 2002).

Another South African study (Mchiza, 2008) involved members of the Black population, namely primary school girls and their mothers, but not professional Black South African women and was conducted only in Cape Town. Though not representative of the entire Black population, the findings of the study appear to have suggested that urban women from different ethnic groups were not happy with their bodies in terms of its size. Furthermore, White pre-adolescent girls were found to have more body size dissatisfaction as opposed to their Black counterparts. Black mothers and their daughters chose bigger body size ideals compared to the preference of thinner bodies by White mothers and their daughters.

Mchiza (2008) added that where Black women are concerned, bigger bodies are attractive and in Black communities are considered to be free of HIV/AIDS. The issue of HIV/AIDS, thinness and obesity has been consistent across the literature (Kruger, n.d., quoted by Bongela in Mail & Guardian, January 2012; Kruger et al., 2005; Matoti-Mvalot and Puaone, 2010). An additional finding in Mchiza's (2008) study is that the social environment exerts more pressure on young White girls than on Black girls to adopt thinner bodies. This highlights the differences in the two cultures, and supports the effect that external factors have on communities.

**Studies in other populations.** Paeratakul et al. (2002) compared individuals' self-perception of overweight using a sample of 5440 adults over a two-year period (1994 - 1996). They found that women perceived overweight more than men did, and that Whites perceived overweight more than Blacks or Hispanics. Furthermore, White women of normal weight and overweight had both correct and incorrect perceptions of their bodies compared with Black women, though it is unclear if White women correctly or incorrectly perceived themselves to be at normal weight or overweight. Further findings were that in almost half the sample (47%), those with higher BMI, more income and greater education had a significantly higher prevalence of perceived overweight. The issue of higher education is consistent with findings such as those by Kruger et al. (2005); Prinsloo et al. (2011); and Puoane et al. (2002).

Paeratakul et al. (2002) added that inaccurate perception of one's body size is a factor in poor body image and results in consequences that are negative. This is exacerbated by the norms in Western societies regarding ideal body weight, which the report stated are unrealistic to achieve in addition to being unhealthy at times. One can do not more than speculate as to the factors that make a lower weight unrealistic to achieve, however. The authors further stated, "obese individuals, especially women, tend to be dissatisfied and preoccupied with their physical appearance" (Paeratakul et al., 2002, lines 5 - 7) and that "in the American and other Westernized societies there are powerful messages that to be fat is a sign of poor self-control".

The issue of self-control is in similar vein to a report by Gerber (2012) entitled "Fat Christians and Fit Elites" (discussed under **Other Relevant Literature - Influence**). Other consequences were also mentioned by Paeratakul et al. (2002), namely an individual at normal weight perceiving himself as being overweight could be inclined

towards negative behaviours, for example, dieting unnecessarily or bingeing. Similarly, an overweight individual believing he is at normal weight may be uninterested in controlling his weight, thus risking obesity (Paeratakul et al., 2002, pp. 345 - 350).

A study by Atlantis and Ball (2007) focused on weight perception, and explored the hypothesis that in obese people, merely perceiving themselves as underweight or overweight could potentially be linked to depressive symptoms, but this was not the case in individuals who perceive their weight to be acceptable. This hypothesis is in line with the findings of Paeratakul et al. (2002) in the sense that wrongly perceiving one's weight status, even when not overweight, can lead to negative consequences. Atlantis and Ball's (2007) study entailed secondary analyses of data from a national health survey in Australia in 2004/5. Their findings indicated that perception of overweight and of underweight, rather than misperception and actual weight were significantly linked to risk of medium to high psychological distress, while underweight perception was more consistent with high psychological stress.

The issue of perception of weight rather than actual weight status has been shown to be vital both to psychological well-being and to weight management. As perception is "in the mind", studies such as this and others previously cited (e.g. Department of Health, Medical Research Council, 2007; Latner, 2010; Riley et al., 1997; Tiggemann & Lynch, 2001) provide additional impetus and justification for the APA and Johnson's (2012) plans to expand psychology's role in addressing the obesity epidemic.

Regarding body image and self-esteem, Thompson's study (2005) found that "body area dissatisfaction" (Thompson, 2005, p.1) was not significantly different between Black and White females in contrast to the findings of "body area" satisfaction and self-esteem in the White participants. The participants in Thompson's study (2005) were females, aged between 18 and 20 years, studying general psychology at a US university.



Even though the study was said to have had comparatively few participants (26), and while it was done at only one university in the United States, the findings nevertheless serve to highlight differences in issues of self-esteem between different ethnicities, even though there were only two despite the title of the study that implied more than two ethnicities.

Of additional interest is the issue of body size satisfaction and weight management efforts. Millstein et al. (2008) remarked that there have been few studies in the United States that have specifically examined body size satisfaction among adults. Their study found that among both women and men, higher body mass index was significantly associated with body dissatisfaction which, in addition, was positively associated with trying to lose weight. Women who were dissatisfied with their bodies compared with those who were very satisfied turned more to diet than to physical activity and exercise to achieve their weight loss goals, while men in the same circumstances were more likely to turn to physical activities and exercise to achieve their goals, and only some combined diet and physical activity/exercise. As stated by Millstein et al., their findings highlighted the different means used by men and by women to achieve their weight management/body size goals, but the study does not appear to indicate why this is so.

***Studies involving large samples.*** Two studies involving large samples have been conducted in various countries in the European Union. The first study conducted in 1997 (McElhone, Kearney, Giachetti, Zandt, & Martinez, 1999) in the then 15 European Union countries with a sample of over 15 000 adults was undertaken to assess body image and satisfaction, and to explore the effect of socio-demographic factors, and changes to body weight, amongst others. The study revealed the following: Thirty-nine percent of the respondents were satisfied with their weight (men more than women). Over half the participants (58%) who were content with their weight were women who were

underweight, and almost an additional quarter (20%) of those wanted to be more underweight. The study highlighted differences between men and woman in the wish to be thinner, but there appears to be no indication as to why. The EU article was published in 1999 and appeared online 10 years after the study was done, in 2007. A search for a follow up study by the same authors came up void.

However, another study was found that was conducted by Martinez, Kearney, Kafatos, Paquet, and Martinez-Gonzalez (1999), also in the then 15 member states of the European Union, by way of a questionnaire aimed at exploring the influence of socio-demographic factors on obesity in a sample of 15 239 individuals whose ages began at 15 years. This study found that no more than almost half of the EU population (48%) was at normal weight, obesity rates were around 10% and overweight rates were around 25% among women (and around 36% among men). In addition, younger individuals and those in upper social classes had lower - what the researchers term - “odds ratio”, that is the probability for obesity prevalence (Martinez et al., 1999, para. 3, line 5), and those with more education, or who were single, were less prone to be obese than couples, and widowed and/or divorced individuals (lines 1 - 14). The researchers do not appear to have attempted to explain why this might be the case.

**Aesthetics.** An aesthetic slant on the perception of overweight being seen as healthy was discussed in the December (2011) article in the Economist Online, under the following heading: “Fat is bad but beautiful. South Africans need to become healthier”. The article went on to state that whereas “many Black Africans still admire bulk in men and big contours in women” (Economist Online, December 2011, para. 4) the South African government is starting to take fatness seriously. The view of Black Africans, as stated in the article, is in contrast to the Western point of view regarding thinness as discussed in the cited literature (e.g. Kruger et al., 2005; Mchiza, 2008; Puoane et al.,

2005).

Of complementary interest to the current study are the findings by Featherstone (2010) that in consumer culture, how a person looks reflects on his status and acceptability in society. Kim and Damhorst (2010) for their part, in their study regarding online consumer behaviour, found that there was a higher degree of body dissatisfaction in individuals who are concerned about clothing and believe that attire is important. In addition, how clothes fit, dimensions of garments, as well as overall appearance, and projecting a correct impression were related to body satisfaction. Literature regarding clothing that is relevant to the current study is reviewed under **Other Relevant Literature** later in the chapter.

### **Cultural Expectations**

In referring to her positive philosophy of life, Sibiya (1990) referred to do's and don'ts in the process of realising one's goals. The first "do" is self-analysis, whereby the top priority is to "know yourself very well" (Sibiya, 1990, p. 40), to be honest with ourselves and to acknowledge both strengths and weaknesses. For purposes of the current study, one community might consider being overweight a "weakness" while in another it might be considered a "strength", as mentioned in Bongela's (January 2012) commentary, while others in the literature revealed there was a lack of awareness regarding overweight and obesity (Atlantis & Ball, 2007; Paeratakul et al., 2002; Puoane et al., 2002).

Regarding overweight and comparisons with other cultures and Western views about weight, Puoane et al. (2005) referred to cultural differences regarding obesity and overweight in their study of Black female community healthcare workers in Khayelitsha, which highlighted the traditional demand for bigger body size that is in conflict with ideal body size in Western society. The researchers noted the implications of social stigma

associated with being thin and being perceived as being HIV-positive, which in turn could encourage Black women to remain overweight. This cultural perception has been echoed by Kruger (cited by Bongela, January 2012), Kruger et al. (2005), and Matoti-Mvalot and Puaone (2010).

**Socio-cultural norms.** Other South African-related obesity and overweight studies include those by Goedecke and Jennings (2005); Kruger et al. (2005); Puaone et al. (2002); Steyn (2010), as well as the study reported on by Vanda and Roberts (2006), which indicated in addition that poverty contributed to the progression of obesity, as it was revealed that the obese African women had the lowest incomes, education, and spiritual wellbeing, and lived in poorest conditions when compared with slim and overweight African women.

Regarding perceptions of weight, Goedecke and Jennings (2005) found that the perception of body weight in Black South African women is being influenced by Western norms, which cause a dilemma for these women, as it would appear that cultural norms expect and accept a larger-sized body on the one hand, while various media influences promote striving towards thinness on the other. The acceptance of a bigger body size was also found in Kruger et al. (2005) quoting international literature (Kumanyika, 1993) regarding obesity in minority populations. They stated that some Westernised women and non-Westernised women have a more full-figured ideal body size and higher acceptance of being overweight. At the same time, they experience less pressure to be slim and are therefore less inclined to wish to be thin (Kruger et al., 2005, p. 493). In contrast, various media influences promote striving towards thinness thereby adding pressure from these Western norms (Goedecke & Jennings, 2005). The findings relating to urban Black women (Puaone et al., 2002) indicated they are conscious of the association between wellbeing and body weight, and as such one could expect them to be

more aware of the preference for being thin that filters through to them from the media, and to attempt to manage their weight (Puoane et al., 2002, Discussion, para. 8).

Kruger et al. (2005) in turn discussed urbanisation and globalisation, which results in access to and influence from the rest of the world, as a contributing factor to the obesity epidemic in South Africa. These have tended to lead to shifts from traditional eating habits to Westernised eating habits that include foods rich in fat and sugar (Kruger et al., 2005, citing Khan & Bowman, 1999); this was echoed by Goedecke and Jennings (2005). Thus globalisation increases the risk of obesity among urban populations. Similarly, Steyn et al. (2012) compared urbanisation and nutritional transition of Kenyan and South African women that is creating rural-urban differences and changes in dietary habits and lifestyles. The more urbanised Black communities are, “the higher the rate of obesity and the less prudent their diets became” (Puoane et al., 2002, Introduction, para. 2), resulting in risks to health, which together with sedentary lifestyles, could result in chronic non-communicable diseases (NCDs), and have also strongly been linked to an increase in body weight (Steyn et al., 2012). The issue of lack of physical exercise among population groups in South Africa was cited by Kruger et al. (2005) as being another contributing factor to overweight.

The transition into urbanisation and the resultant changes in obesity among Black women in South Africa, was echoed in an editorial by Steyn (2005) entitled, “Big is beautiful - but healthy and confusing?” in which she stated there was a lack of studies examining factors associated with weight gain in Black South African women, and identified Black ethnicity and rural-urban transition among the contributing factors in obesity and overweight in Black South Africans. Steyn cited a study by Senekal, Steyn, and Nel (n.d.) that also indicated African ethnicity as being among the risk factors for obesity and overweight, and stated that other researchers [unnamed] have attributed the

obesity epidemic to the transition from a rural lifestyle to an urban one, which includes a sedentary lifestyle, vulnerability to obesity, and access to foods high in calories. This was echoed in Kruger et al. (2005).

Mchiza (2008) in turn stated that obesity and overweight are greatly underestimated in South Africa, and that perceptions are largely driven by socio-cultural norms. Prinsloo et al. (2011) were in agreement, and stated further that members of the Black population have greater tolerance for larger body size. In addition, they referred to obesity as having a considerable impact on psychological and emotional wellbeing, as well as on an obese person's daily activities, his self-esteem and his quality of sleep. Their study involved obese women visiting a healthcare centre situated in Bloemfontein. Out of a total of 303 participants, all (but one) were Black. The researchers wanted to determine the perceptions of weight status in the group of obese women visiting the healthcare centre. The findings showed that over 50% of the group had inaccurate perceptions of their overweight status. Another aim of the research was to determine whether obesity was associated with education and income.

Regarding education and employment, the findings were as follows: The majority of the participants (84%) had secondary or tertiary education, with a significant difference between obese and non-obese participants regarding employment where over one quarter (26.9%) were employed compared with around one-tenth (16.5%), respectively, which could support findings in other studies regarding the increase in access both to foods that are not helpful for obesity, and to healthier nutrition that is. In addition, under a third of the participants (29.5%) who were obese reported significantly less self-esteem than under half (42.4%) of the participants who were not obese. This curious finding was thought to be because of a misinterpretation of the meaning of self-esteem, and that according to Venter et al. (2009, cited in Prinsloo et al., 2011), a fuller-sized body was

related to the perception of being attractive, healthy and prosperous (Prinsloo et al., 2011, p. 371). This would account for the less low self-esteem of those who were obese compared with those who were not. The notion of larger body size being associated with health and prosperity has been found in other literature cited in this chapter (e.g. Bongela, January 2012; Puoane et al., 2002).

Regarding cultural differences in body shape perceptions, in their study involving a little over 200 women with an average age of 72 years, Schuler et al. (2008) found that obesity was higher in African-American women compared with European-American women. Possible contributors were found to be cultural differences in perception of body shape, for example more acceptance of overweight bodies. This could perhaps have been due to the historic rationalisation in the United States when female slaves believed a larger body to be less attractive to abusive men, for example, slave owners who used their “attractive” female slaves for sexual gratification or as concubines (Johnson & Broadnax, 2003, cited in Schuler et al., 2008). A further reason could be greater satisfaction with, or underestimation of, one’s body shape. Utilising a three part-questionnaire for purposes of comparing body mass index and body shape perceptions of older European-American and African-American women, the findings suggested that African-American women underestimated their body shape, which could potentially be a factor in obesity. The challenge presented by incorrect perception of one’s weight is prolific in the literature and has been referred to by, amongst others, Kruger et al. (2005) and Puoane et al. (2005).

**Cultural uniqueness.** Two studies of complementary interest to the current study were selected for review. A study by Bramble et al. (2007) discussed how other studies focused on weight management and obesity but paid no attention to the ethnic uniqueness of Afro-Caribbean individuals. The purpose of the study was to investigate the ethnic context of wellbeing, weight management and perceptions of obesity among

Caribbean-American women and African-American women. The researchers found variation between the groups in terms of, *inter alia*, perceptions of obesity, and concluded that one size does not fit all when seeking community-based interventions. Whilst the current study was not focused on interventions regarding weight and obesity, the issue of culture and cultural expectations regarding weight were, hence the inclusion of Bramble et al.'s (2007) study.

The second study is one by Baloyi (2008) who stated that psychology remains a reflection of Western experiences and conceptions of reality, and that there needs to be a major about-turn in order to affirm the validity of indigenous African ways of doing and knowing. Furthermore, to exclude these indigenous ways of doing and knowing, points to the dubious character of Western psychology's claims of universality, neutrality and objectivity. This study was included for review because of the different points of view found in the literature between Western cultures and values, and those in the Black cultural groupings in South Africa, and because of the possibility of internal conflicts between what Baloyi referred to as indigenous African ways of doing and knowing, and the Western way of doing things, which is filtering through to Black communities in South Africa as cited in this review (e.g. Mchiza, 2008; Puoane et al., 2005).

## **Workplace**

**Economic landscape in South Africa prior to 1994.** The economic landscape in South Africa has changed dramatically from pre-democracy to post-democracy, and has resulted in more of the population having greater access to more resources. Prior to 1994, there was restricted access to jobs for members of the Black population (Deane, 2005), and to specific professions (Pretorius, 1982). The traditional role expected of Black women was referred to by Ngcongco (1993) in which the author argued that many factors



accounted for the dilemma women faced at that time because of their dual roles of housewives and career people (Ngcongco, 1993, p.5). The author went on further to argue that this dilemma is “essentially a political problem, at a national, cultural and family level” (Ngcongco, 1993, p. 5).

Milazi (1993) in turn referred to the challenges women faced prior to 1994 whereby they were excluded from “professional decision-making” (Milazi, 1993, p.7). In Milazi’s (1993) study the sample was based mainly in one geographical region of South Africa, and involved one group of women, namely Tswana women and was not about weight. The editor however stated that the findings nevertheless point to the “universality of the gender position of African women” (Martens, n.d., in Milazi, 1993). Since 1994, with the changes to the professional working environment in South Africa, the dynamic has shifted (Jansen, 2012). The situation prior to 1994 and the situation since 1994 has been referred to in the introductory chapter, and ties in with what has been found in studies regarding the increase of overweight and obesity among Black women whose socio-economic status has changed (Kruger et al., 2005; Puoane et al., 2002; Steyn et al., 2012).

This notion of looking at the past and comparing it with the present is referred to in Deane’s (2005) paper in which the writer stated that in order to understand the present situation in a country, one needs to look at the past. In talking about past legislation, Deane reminds us that various laws and regulations restricted access to jobs and to economic resources for members of the Black population. Despite this, thirty two years ago, and twelve years before the first democratic elections in South Africa, Black women’s roles had already begun to change from the more accepted ones for women (teacher, nurse, social worker, secretary, homemaker) to those in professions previously reserved for men and people of other races (Pretorius, 1982).

Ngcongco (1993) went on to comment that in typical African tradition, men led and women followed, with the differentiated socialisation of girls and boys limiting equality of opportunity for girls when they become adults. As adults, Black women had to divide their time between home responsibilities and being able to compete with men at work, whereas Black men did less at home (Ngcongco, 1993, p. 6). Black women wishing to enter various professions had to clear various hurdles, for example overcome doubts as to their suitability and capability, and the ability to juggle their various roles of homemaker, worker, and part-time student. The husbands of Black professional women considered women to be minors and whilst they might have given them support they could not be seen to support their women's aspirations as it was traditionally unacceptable (Ngcongco, 1993). According to Milazi (1993) women faced challenges on the grounds of their unsuitability in male domains, and because men were seen to have monopoly on power. This was all part of the patriarchal institution, which excluded women. Their role was work to be done at home and to provide services for those who "go out to work" (Milazi, 1993, p. 23).

In their overview of women's participation in the workforce and the progress of career development and aspiration in the latter half of the 20<sup>th</sup> century, Domenico and Jones (2006, p. 1) referred to women not being taken seriously by their bosses, and experiencing feelings of guilt and selfishness if they wished to pursue careers. Decades ago, women had a more difficult task in achieving professional status than did men (Domenico & Jones, 2006, citing Heins, Hendricks & Martindale, 1982). In contrast, the statistics cited in the current study reflect the significant changes in the economic climate in South Africa and access to professional employment by Black women. With changes in financial conditions and access to other resources and points of view, certain sub-groupings in the country have also seen changes to lifestyles and to weight

management. This is supported by Steyn et al. (2012) who have stated that with more resources available to more individuals, lifestyle choices are also changing. Nevertheless, as was shown in the literature (Kruger et al., 2005; Matoti-Mvalot & Puoane, 2010) in the Black population in South Africa in general, trends towards thinness are not viewed as something positive.

**Professional working milieu in South Africa since 1994.** The proportion of Africans who are economically active increased by 23.9% from 1995 to 2005, the largest percentage increase of all race groups (The South African Institute of Race Relations' 2006/2007 Survey Online, p. 12), while the proportion of total employees by occupational category, race and gender for 2005, showed 16.4% of the professional workforce were Black/African females, compared with 18.0% White females. The figures for males are different, with only 15% Black/African males making up the professional sector compared with 26.2% being White males. Black/African professional women are making more progress than their male counterparts according to the 2005 figures.

This is echoed in an article by Professor Jansen (2012) in which he discussed the rise in Black women graduates compared with their male counterparts; in addition, he stated that women will gradually take on leadership roles in corporate environments and on university senates. While Professor Jansen's article focused on consequences for the patriarchal society in South Africa, not on issues with weight, trends and statistics showing more women entering the professional working milieu are relevant to the current study in that more and more women entering this environment are now coming into contact with other cultures both ethnic cultures and organisational cultures, which could affect the choices they make and the factors that influence them.

A notion to be aware of regarding the concept of culture is that individuals who are raised in different cultures see numerous things differently (Hersh, n.d., p. 1).

Furthermore, individuals in the same culture but who experienced different things growing up will see things differently, and the same person will see things differently when he or she is old compared with when he or she was young (Hersh, n.d. p. 1). In a study by Chirkov, Ryan, and Willness (2005) regarding a self-determination approach to the internalisation of cultural practices, identity and wellbeing, they stated that culture explains a considerable amount of the variance in human behaviour (Chirkov et al., 2005, p. 438) and that culture becomes anchored in the individual and guides if not shapes human nature (Markus & Kitayama, 1991, cited in Chirkov et al., 2005). “Culture” has been said to be the source of wealth and wisdom, which needs to be preserved but refined in order to be “relevant to current trends” (Sibiya, 1990, p. 23).

Of additional relevance to the current study is the statement (Kruger et al., 2005) that eating habits are shaped by culture, and that in some cultures overeating is encouraged due to the abundance of food (p. 493). Furthermore, certain [unnamed] countries in Africa associate luxurious foods that are high in fat and energy, with social status. With urbanisation and globalisation, these foods are becoming more accessible to more members of the population, particularly as the South African labour force is fast changing due to the Employment Equity Act, and there is a significant increase in women in the labour market. Van den Berg and Van Zyl’s study (2008) involving professional and semi-professional women, discussed below, quote Msimang (2001) who emphasised the increasing number of African women moving into high-level careers.

**Professional Black South African women.** Some studies involving professional Black South African women were found in the literature but only three were found that involved issues of weight, namely the study by Kruger et al. (2005) and Puoane et al. (2002), discussed on earlier pages, and one by Skaal and Pengpid (2011), which centred upon South African healthcare workers because they are considered role models for both

the community and patients, and is discussed under **Other Relevant Literature** later in the chapter.

While not of direct relevance, for the sake of completeness, the following studies are mentioned for their complementary interest to the current study. Fabiano's (2010) study explored the influence that community has on the career development of Black female psychologists and found, inter alia, that they lacked support and there was limited understanding of psychology in their communities and health sectors, as well as a lack of relevance of their academic training to the multicultural society, while Van den Berg and Van Zyl's (2008) study explored how professional and semi-professional women dealt with stress experienced by high-level career women. They found that the Black career women had the most psychosocial problems and economic crises, while the Coloured women had more psychosocial problems than the White career women did. The researchers stated that this could be linked to Coloured and Black women being marginalised by working in predominantly White, Westernised organisational cultures.

A dated study that is nevertheless of interest from the point of view of "lifetimes", is one conducted by James (1983). The study was conducted with thirty-two professional and managerial African women plus 12 of their immediate superiors in Johannesburg and Pietermaritzburg. The study found tensions experienced by professional Black South African women with Black males, White males and White females but at that time, there were relatively few Black women in the organisations concerned. As was shown in the introduction to the current study there has been a big increase in the number of professional Black South African women in organisations since 1995, and one of the areas of focus in the current study was to explore the experiences of professional Black South African women as a result of cultural differences in the workplace, which is now a completely different landscape to the one researched by James 31 years ago.

## Other Relevant Literature

Apart from literature pertaining to the core concepts being explored in the current study, it became necessary to review other literature that is relevant to the current study.

**Clothes.** Regarding clothes as they pertain to issues of perception of body size and shape, a literature search was undertaken, and some articles and studies were found even though they were only of complementary interest, for example Reddy and Otieno's (2013) study involving women between 18 and 55 years of age in the UK, and how their body image influenced their clothing preferences. They found that body image and size influenced their choices; those who felt thinner had the ability to select fashionable attire to emphasise their body shapes, while women who were larger were unable to find the range of clothing they felt they wanted. However, using clothes and clothes size to determine one's perception of being overweight specifically in the way participants in the current study utilised clothes, rather than more common methods, for example BMI or a tape measure, does not appear to have been prevalent in the literature. Nevertheless, two studies of complementary interest to the current study, and two of direct interest were reviewed.

Of particular interest and relevance to the current study is research referred to in an article by Naidu-Hoffmeester (2013) regarding clothing sizes in South Africa, which are not standardised. Quoting Pandarum, the article stated that South Africa does not have its own system of sizing garments, and the conclusion was that "therefore the South African public do not know what body size and shapes they are" (Naidu-Hoffmeester, 2012, line 9). According to the same article, research suggests that data from the 1940s is being used for manufacturing and retailing based on the hourglass figure type (lines 10 - 11). The article continues that this "is further complicated by vanity sizing, where a

retailer will use size 10 labels on what used to be size 14 garments” (Naidu-Hoffmeester, 2012, lines 11 - 12).

In similar vein, in her article regarding the relative importance of what Landau (2009) referred to as “the little number on the tag on a pair of pants that indicates size” (Landau, 2009, line 1), she also commented on the issue of “vanity sizing”. She stated that in recent years, the American population has become more overweight and that retailers have changed the size labels on their clothing (para. 1). Landau quoted Nixon, associate professor of fashion industry management at a US university, as follows: "You may actually be a size 14 and, according to whatever particular store you're in, you come out a size 10" . "It's definitely to make the consumer feel good" (Landau, 2009, para. 2, lines 1 - 6).

Of additional interest is the statement that according to research, the concept of perceived "overweight" may be relative (Landau, 2009, para. 3). Landau referred to suggestions by a group led by senior economist Burke that individuals' perception of overweight has changed and "normal" is now heavier than in the past (Landau, 2009, para. 4, lines 1 - 4). This practice could further exacerbate an existing problem pertaining to incorrect perception of whether or not individuals are overweight, as discussed in this literature review.

Song and Ashdown (2013) conducted a study on the lower-body and self-reported body size and shape, which they claim may not be reliable because consumers appear to lack the relevant know-how to take accurate measurements. Also, their response to their body shape is based on personal perceptions and subjective judgements (Song & Ashdown, 2013, p. 144). Song and Ashdown (2013) stated that while various studies have been undertaken regarding the reliability of self-perceived body size, and they quoted several authors, those studies were mainly about height, weight, BMI, simple

girths, or whole-body shape, and that there were few specifically for lower-body areas (p. 144). Through their method of data collection, namely distributing fliers and placing advertisements in Ithaca New York with participants being female students from one college, and utilising a 3D scanner to identify actual body shape and size compared to “population data” (Song & Ashdown, 2013, p. 154), the overall findings were that the body shape and size considered ideal was a “small waist, flat abdomen, full buttocks, curvy waist-to-hip shape, thin thighs and long leg length” (p. 154). Furthermore, the strongest influence on the discrepancy between actual body and perceived body comes from the media (Song & Ashdown, 2013, p. 154 citing Martin, 2010).

Kim and Damhorst (2010) for their part found that individuals feel a higher degree of body dissatisfaction if they are concerned about clothing and if they believe that attire is important, as mentioned previously. In addition, body dissatisfaction was associated with inter alia how clothes fitted, the dimensions of garments, overall appearance, and projecting an appropriate image.

**Influence and role models.** The current study sought to explore interpersonal relationships in the professional working environment where South Africans of all races are interacting in close proximity in various ways; therefore studies regarding influence were of some interest. Skaal and Pengpid’s study (2011) conducted with South African healthcare workers involved 200 randomly selected participants from only one selected public hospital in South Africa. The findings showed that 73% of the respondents were obese or overweight; female and older healthcare workers (HCWs) were more obese than men and younger HCWs, and the majority of the participants had an inaccurate perception of their weight consistent with other studies cited in this review (e.g. Atlantis & Ball, 2007; Faber & Kruger, 2005; Puoane et al., 2002). The conclusions in Skaal and Pengpid’s (2011) study included the necessity for overweight individuals to change their



perceptions of body weight in order to make them better role models for the general public. The study did not make clear whether the healthcare workers thought of themselves as role models for the community.

This issue of certain groups of individuals being considered role models, however, was referred to in an article by Gerber (2012) in the *American Quarterly* entitled “Fat Christians and Fit Elites: Negotiating Class and Status in Evangelical Christian Weight-Loss Culture” in which it was stated that Christian leaders are seen as representatives of the Christian community, and as such high value is placed on how they represent themselves in public. The article referred to views by members of this community who were involved in weight loss programmes, which included, for example, that being overweight was an issue of self-control, and if a leader was overweight, he was viewed as being out of control and was regarded with less respect.

Others in the community, namely those wishing to lose or gain weight, expressed concerns about their bodies, which were “Christian” bodies that needed to be a certain way in order for this community to influence and shape the world according to Christian values. They felt their bodies were stigmatised, and that this undermined their abilities to present themselves as a testimony to God. Of interest in this article are the references to the history of Evangelical culture and its cultural and social marginalisation, and ambitions to be culturally and socially legitimate and influential (Gerber, 2012). Issues of marginalisation were echoed by Van Den Berg and Van Zyl (2008) regarding Black (and Coloured) women in South Africa in past years, hence my inclusion for review of Gerber’s (2012) report.

Another study regarding religion and weight was conducted by Yeary et al. (2009) in which they explored the role that religion, church attendance, prayer and religious media play on body weight, and the disproportionate burden of disease and the obesity

epidemic borne by various subgroups (e.g. some minorities, the poor, and individuals in US rural areas). The study was of interest in that the researchers spoke of the religiosity (Yeary et al., 2009, p. 1) of those living in the rural South (USA) and African-Americans. They also referred to individuals “consuming religious media” (Yeary et al., 2009, p. 1) who were found to be heavier in body mass index than those who consumed religious media less frequently. These researchers went on further to state that religion possibly could be related to weight gain because of the issue of non-smoking and they also referred to theological teachings, which stated that the [human] body is made in the image of deity that may encourage religious individuals to take special care of their bodies through increased physical activity and better nutrition, which is in contrast to their findings.

Using secondary data from the 2000 Foods of our Delta study, Yeary et al. (2009) found that increased religiosity and increased religious consumption (listening to religious radio or watching religious TV) contributed to higher weight but only among Whites, not African-Americans. [Non-] smoking played a role, but exercise and physical activity did not appear to be mediators. They could not explain why high religiosity among African Americans did not culminate in higher BMI and weight the way it did in the researched White population. Is one therefore to conclude that religion is the culprit? Or could it be the lower physical activity and exercise on the part of religious White people, compared perhaps with more physically active African-Americans, which would tie in with the studies, for example the GlaxoSmithKline (2010) national health survey, and Kruger et al. (2005) that have been cited in this review regarding lack of physical activity and its consequences on weight?

***Peer influences.*** Regarding friendship cliques and peer influences, in their study Paxton, Schutz, Wetheim, and Muir (1999) found greater within-group similarities for

concerns about body image, weight loss behaviours and dietary restrictions (but not for bingeing). The similarities within the individual friendship cliques were greater than the similarities between the various individual groups. Whilst this study was about adolescent Australian girls, there was consistency with other literature (e.g. Mchiza, 2008) about cultural and sub-cultural factors such as social, family and media pressure and preoccupation with thinness in some cultural groupings. The study by Paxton et al. (1999) could be related to the current study in the sense of perceptions of weight and body image within the Black community in general, compared with the views of other groups. The current study explored the extent of the differences and similarities in perceptions and expectations of two “groups”: Black professional women and their ethnic culture, and the organisational culture in which they worked, hence the inclusion of the study by Paxton et al. (1999) for review.

*Is obesity “infectious”?* Departing from the more common reports about overweight and related issues are studies undertaken by Dhurandhar (n.d.), researcher and Vice-President of The Obesity Society reported on by Nezporent (2013). In one of Dhurandhar’s landmark studies (n.d.) focusing on obesity-causing viruses where the presence of certain viral antibodies in the bloodstream has been associated with increased body weight, involving 500 individuals, Dhurandhar found that 30% of the obese patients compared with only 11% of the lean individuals tested positive for the virus, the “fat bug”. He stated however that he does not believe obesity is infectious, as such, and commented that starvation diets are of no relevance if obesity is caused by a virus.

Dhurandhar’s (n.d.) view about obesity not being infectious as such, is different from a study undertaken on social networks by Christakis and Fowler (2007) in which they found that an individual’s chances of becoming obese increased by over half if he had a friend who became obese; and that if one sibling or one spouse became obese, the

probability of the other becoming obese increased by around 40%. This was not found to be the case with immediate neighbours. Also, those of the same sex had a relatively greater affect on each other than people of the opposite sex (Christakis & Fowler, 2007, p.1). These authors did a follow up study, and in their 2011 article discussed the 2007 study, and stated, “In this regard, we think the body of evidence accumulated about peer effects - if not network effects - is very persuasive, and we are joined in this view by many social and biomedical scientists” (Christakis & Fowler, 2011, p.1). I did not conduct a search for additional literature pertaining to obesity being or not being infectious as it was beyond the scope of the current research.

**Social prejudices and issues of free will.** In their study, Goedecke and Jennings (2005) referred to notions of obesity as bringing to the surface biases, social prejudices and perceptions that often result in preconceived ideas regarding an obese person’s demeanour, and what his/her tendencies or abilities might be. This definition is loosely based on a subjective, preconceived idea based on visual impressions and mental attitudes of the appearance of a body size that is considered large. Regarding (over)weight and size bias in the literature, Dittmann (January 2004) referred to findings in a study by Schwartz, Chambliss, Brownell, Blair, and Billington (2003) that healthcare professionals including psychologists working with obese patients have negative biases regarding obese individuals’ behaviours. They referred to these individuals as "lazy," "stupid" and "worthless" (Dittmann, January 2004, para. 4, line 2), and in addition held negative views about the outcome of the obese patients’ treatment.

Further negative bias was reported to exist in male jurors (Schvey, Puhl, Levandoski, & Brownell, 2012) in the first-of-its-kind study involving a sample of 471 overweight and lean adults in the United States, of which just under two-thirds were female. While being shown images of alleged “defendants” (two males, one obese, one

lean, and two females, one obese, one lean), these simulated jurors perused a document portraying a case of cheque fraud. Schvey et al. (2012) found that male participants showed significantly more likelihood of finding an obese woman guilty than a woman who is lean, and as more likely to commit cheque fraud and to repeat the offence, compared with thinner women. This was not found to be the case with female participants, who judged female defendants equally regardless of weight. This was furthermore also not the case with male participants' perception of culpability of obese male defendants (Schvey et al., 2012, p. 5).

Thus, weight discrimination, racial discrimination and gender discrimination appear to be rife among certain sectors of populations, with discrimination about weight having increased by two-thirds since 1995 (Schvey et al., 2012, citing Andreyeva, Puhl & Brownell, 2008) bringing it up to the level of racial discrimination (Schvey et al., 2012, p. 1), and with individuals who are obese being vulnerable to negative attitudes and stereotypes depicting overweight individuals as “greedy, lazy, unmotivated and lacking in self-discipline and willpower” (Schvey et al., 2012, p.1, citing Brownell, Puhl, Schwartz & Rudd, 2005).

Furthermore, Dr. Puhl (n.d.) discussed the impact that weight bias has on the broader community. She stated that individuals who are not overweight have negative attitudes and stronger weight bias in comparison to individuals who are overweight. Puhl stated that by fostering certain weight-based stereotypes, for example that obese individuals are lazy, “we promote an environment of intolerance and prejudice, leading to unfair treatment of individuals who are overweight” (Puhl, n.d., para. 8, lines 2 & 3). According to Puhl (n.d.), these negative attitudes are also associated with beliefs that the cause of obesity is personal willpower but that these beliefs ignore important social and environmental causes of obesity, which was also alluded to by Johnson (2012). In

addition, Puhl (n.d.) referred to the significant rise in obesity within the past three decades and changes not to genes, or that people have become lazier or less personally responsible. Instead, people have shown improved personal accountability for healthy behaviours, and she stated that the real change has occurred in individuals' environments, which is supported by the reports previously cited (Cowland, January 2013; Pilzer, 2002; 2007; Strom, September 2013). Puhl (n.d) however also stated that we live in a society where “unhealthy” foods are inexpensive and accessible, making it hard to be healthy.

In similar vein is an article by Levitsky and Pacanowski (2011) about individual free will and the epidemic of obesity, which stated that evidence demonstrates that a number of variables influence obesity, including fat content in our food, variety of foods offered, how many individuals are eating, where this occurs and even watching advertisements for food, all of which become “food primes”, which cause people to increase their food consumption. These researchers asserted that we therefore do not have as much free will as we might imagine when it comes to what and how much we eat. Whilst we might not have complete free will, the literature regarding wellness trends indicates that there are healthier choices available (Pilzer, 2002, 2007; Strom, September, 2013) and that consumers around the globe are more knowledgeable about ingredients (Cowland, January, 2013), making individuals a little less powerless in the battle against obesity than might be suggested by Levitsky and Pacanowski (2011).

Regarding negative bias and cultural differences is a study conducted in the United States, which concluded that White women stigmatise obesity and are stigmatised for being obese (Hebl & Turchin, 2005, quoting amongst others Crocker, Cornwell, & Major, 1997). It was found that men, both Black and White, are stigmatised for being overweight and in turn stigmatise obesity, but what is of interest is that large Black men are less stigmatised than their White counterparts, echoing the views of Bongela (January

2012) that Africans still admire bulk in African men. In the US study (Hebl & Turchin, 2005), both Black and White men had different perceptions of what is a desirable weight and size for women, with the Black men leaning towards comparatively larger sizes than the White men. Interestingly, it was found that White men do not stigmatise overweight Black women, and Black men do not stigmatise overweight White women. This has been ascribed to the possibility of “out-group” homogeneity (Hebl & Turchin, 2005, p. 273) whereby men are not motivated to differentiate between members of other races.

In their study regarding children and adolescents with obesity facing stigmatisation and discrimination, and an assumption that their psychological well-being will be compromised as a result, Wardle and Cooke (2005) also stated that adults stereotype the obese as lazy, ugly and stupid. This is consistent with similar statements by Dr. Puhl (n.d.), and findings discussed by Goedecke and Jennings (2005), Dittmann (January 2004), Landau (2009), Puhl and Heuer (2009). Wardle and Cooke’s (2005) study discussed other issues, for example self-esteem that can be measured globally (e.g. when an individual thinks of herself as a great person) or in a specific domain (e.g. when an individual thinks she has a good body).

The report continued with the distinction between global and “body esteem” and its importance because body esteem is, in effect, “body image”, while global self-esteem is “potentially much more central to healthy psychological development” (Wardle & Cooke, 2005, p. 426). Self-esteem was defined by William James (1890, as cited in Wardle & Cooke, 2005) as a balance between a person’s attainments and her goals and aspirations, while others place more emphasis on the social aspect of self, which is that a high or low self-esteem partly depends upon how others regard and treat us (Cooley, 1902, cited in Wardle & Cooke, 2005). Related studies regarding weight and body

dissatisfaction, and self-esteem have been discussed in this review (e.g. Johnson, 2012; Prinsloo et al., 2011; Thompson 2005).

## **Summary**

There appeared to be a limited body of knowledge regarding the topic of the study as it pertains to the South African population, and none was found regarding any tensions or expectations regarding body weight, shape and size in the professional working environment. The chapter nevertheless presented literature relating to the following:

- The global obesity epidemic including figures from the OECD, which could be used in the South African context to alleviate the obesity epidemic in this country; what is fuelling the epidemic, and healthcare costs and implications, as well as the obesity epidemic as it pertains to South Africa.
- Wellness trends (a very brief exploration).
- Studies undertaken regarding body image, including those in other countries; cultural expectations, including socio-cultural norms; and the workplace.
- Related topics, such as clothes, influence and role-models, social prejudices, bias and issues of free will that emerged during the course of the research.

Chapter Three presents the Research Methodology utilised for the current study, and includes Social Constructionism as it is the theoretical framework underpinning the current study.



## Chapter Three: Research Methodology

*“Research is formalized curiosity.  
It is poking and prying with a purpose”  
Zora Neale Hurston*

### Introduction and Overview

Chapter Three presents the methodology utilised in the current study, namely the research questions and research design, participant selection, data collection method and data analysis process. Also discussed in this chapter are the ethical considerations relevant to the study, as well as the issue of trustworthiness, the concept of authenticity, and the study’s limitations and delimitations. The chapter concludes with a summary.

### Social Constructionism

As mentioned in the introductory chapter, what is consistent across the reviewed literature is that there does not seem to be a clear definition of Social Constructionism or indeed consensus about what Social Constructionism is (e.g. Berger & Luckmann, 2011; Burr, 2003; Gergen, 1985, 2012; Gergen & Gergen, 2004). Constructionists focus on how meaning and a practical sense of a situation are created between individuals in their taken-for-granted ways of talking, and in responsive dialogue (The SAGE Dictionary, 2008, p. 3). This particular movement, approach, position, theory, theoretical orientation about which even “psychologists remain unsure of its status” (Stam, 2001, p. 234), encourages researchers to challenge taken-for-granted realities as well as initiate change by highlighting the emergent nature of life and knowledge, and therefore the possibility of creating alternative realities (The SAGE Dictionary, 2008, p. 3). It has been suggested that Constructionism may be defined as an approach that believes “a great deal of human life exists as it does due to social and interpersonal influences” (Gergen, 1985, cited in

Owen, 1995, p. 1). To say that something is socially constructed is to emphasise its dependence on contingent aspects of our social selves (Boghassian, n.d., p. 1), and to say that worldly items could not have existed had we not built them and that we need not have built them at all in fact, in their present form (p. 1). Furthermore, in a different kind of society, with different needs, values, or interests, we could have built a different kind of thing, or built this particular thing differently (p. 1), which applies to things that exist independently of us and which we did not have a hand in shaping, and is applicable to our *beliefs* about them (p. 1).

Hacking (1999, cited in Demeritt, 2002) in turn distinguished between two broad kinds of Constructionism: Social construction-as-refutation whose proponents use “construction talk” (Hacking, 1999, cited in Demeritt, 2002, p. 768) to falsify particular claims about the world and to refute assumed beliefs about the essential nature of things, by demonstrating that those things are not natural at all, and instead are somehow socially constructed (p. 768). The second kind of Constructionism is more philosophical as it is concerned with situating human knowledge socially or as an alternative advancing an understanding of reality or specific entities as socially produced, rather than as simply given with fixed ontological properties (p. 770). Furthermore, whilst we would not say we created the world, the world in and of itself is without structure, and we impose structure on the world by thinking of it in a certain way, by having one set of beliefs about it rather than another (Boghassian n.d., p. 2).

Owen (1995) in turn stated that Constructionism concentrates on exploring the social influences on communal and individual life and that individuals are integral with cultural, political and historical evolution, in specific times and places, and in this way situates psychological processes cross-culturally, in social and temporal contexts. What is important are the ways in which socialisation and enculturation, amongst the people we

have known, plus the current influence of those whom we now know, are the most active in shaping our mutual existence with others. It is argued that true objectivity is absent in the human sciences because all methods require one set of subjective humans to rate another set of subjective humans. So, "the tool for knowing" is inevitably subjective people themselves (Owen, 2009, pp. 1 - 2), bringing Constructionism fully in line with qualitative research, which is appropriate for exploring the subjective experience of research participants (Flick, 2009).

The A-Z of Social Research (Constructionism, Social, 2003, pp. 2 - 4) described Constructionists' belief that people make their own reality and that there are no universal laws external to human interaction waiting to be discovered, and that social researchers are not distinct from their subject matter. They cannot study social life as scientists might do in a laboratory; instead their interaction with their subjects is itself a key part of the sociological endeavour.

For purposes of the current study, categories such as gender, sexual orientation, ethnicity, class, and nationality are *social constructs* [own emphasis], which may vary across time and culture depending on the specific circumstances, processes and forms of interaction. Constructionists are sceptical that there are natural, essential or unchanging human traits rooted in biology, psychology or other natural characteristics. They argue, for example, that ideas of masculinity and femininity vary considerably across societies and historical periods. Definitions of womanhood in middle-class Victorian society involved exclusion from paid work, physical delicacy and muted sexual feeling. Women in many contemporary African societies, on the other hand, may be breadwinners, physically robust and sexually confident. In other words, Constructionists would argue that there is no necessary connection between male or female bodies and particular gender characteristics (The A-Z of Social Research, Constructionism, Social, 2003, p. 2). The

role of the researcher is fundamental to the life-world being studied and interprets this life-world, looks for general explanations and seeks to inform public policy from an “external” position based on specialist expertise, making this form of collaboration different from those that gather “objective” facts (The A-Z of Social Research, Constructionism, Social, 2003, p. 4)

### **Research Questions and Design**

The topic of the current research was the exploration of the body image of professional Black South African women as well as their experiences regarding their cultural norms and expectations about weight, body shape and body size in the professional working sector, with the aim of contributing to our understanding of these experiences.

In order to achieve the aims of the research, three research questions needed to be answered as follows:

- “What is the body image of professional Black South African women?”
- “What are the cultural expectations for women’s bodies?”
- “What are their [participants’] experiences regarding their cultural norms *vis à vis* what is expected and deemed appropriate regarding body weight, body shape and body size in the professional working sector in which they work?”

The aims of the current study were reached by utilising a qualitative method of enquiry, which is suitable for exploring the subjective experience of research participants (Flick, 2009), and it yielded rich and thick data, which, when analysed and interpreted, produced a unified story about the participants’ experiences. The use of this method is supported by Bell (2010) who stated that qualitative research is useful for describing a situation and understanding individuals’ perceptions of their personal situations.

A phenomenological approach was followed whereby research about the phenomenon of weight management concentrated on the exploration and analysis of individuals' (mental) experiences rather than on their behaviours (Colman, 2009, p. 571). The special appeal of a phenomenological approach is that detailed observations and remarks about individual situations are made, which are not appropriate for direct generalisation in the way that survey research may be generalised (Lester, 1999, p. 4). The current study sought to explore perceptions and subjective experiences of a small sub-grouping of women with no intention of generalising the findings. In addition, phenomenology is said to allow "more authentic interpretations of experience" (Lucero, 2003, p. 4, citing Moustakas, 1994) as it takes primary account of individuals' experience of a phenomenon in the way that it is interpreted by the individual (Lucero, 2003), which is in line with the aims of the current study.

Furthermore, in her paper about understanding (the tenure-track) experiences of Black women in American professoriate, Dr. Lucero (2003) stated that phenomenology "is an especially appropriate method for gaining insight into the experience of Black women because it "attempts to eliminate everything that represents a prejudgment [i.e., by others], setting aside presuppositions and reaching a transcendental state of freshness and openness" (Lucero, 2003, p. 4, citing Moustakas, 1994, p. 41). The current study explored the subjective experiences of a group of professional Black women in South Africa, the aim of which was to gain an understanding of their perspectives and experiences, thus phenomenology was an appropriate approach for this research.

From the point of view of the theoretical framework, Constructionism, the aim of research is not to seek objective truths and instead is a process by which reality is created by the observer (Lyell, 1998), and "invented reality" (Hoffman, 1990; Von Glaserfeld, 1984, cited in Lyell, 1998), whereby realities are constructed linguistically, as suggested

by Hoffman, 1990, cited in Lyell, 1998) and referred to by other authors (e.g. Burr, 2003; Gergen & Gergen, 2004). In addition, meaning can be deconstructed through language (Fourie, 1994, cited in Lyell, 1998), thereby making content analysis and the qualitative method of enquiry the appropriate methods for extracting the subjective meaning participants give to their experiences through the words they use.

Thematic analysis was done through content analysis, which is appropriate to analyse words and “text”, is “not limited to a particular theoretical background” (Flick, 1995, p. 328) and is used mainly to analyse subjective viewpoints. Qualitative content analysis does more than just count words and instead examines language for the purpose of classifying large amounts of text into a well-organised number of categories that represent similar meanings (Weber, 1990, cited in Hsieh & Shannon, 2005). These categories can represent either inferred communication or explicit communication. As such, the goal of content analysis is “to provide knowledge and understanding of the phenomenon under study” (Downe-Wamboldt, 1992, p. 314, cited in Hsieh & Shannon, 2005). Content analysis is about attention to the contextual meaning of the text (Hsieh & Shannon, 2005).

Furthermore, according to the Constructionist approach (Gergen & Gergen, 2004, Locations 159-171), words are typically embedded in our activities and we are therefore invited into a double listening: for content and for consequence. The current study allowed the participants’ interpretation of the concepts to emerge from the data analysis following on the example of James (1983) who collected data by way of individual face-to-face interviews with “flexible framework” questions (James, 1983, p. iii), using content analysis to analyse the response. James’s (1983) “flexible framework” questions were considered of particular interest for the current study, as it is different from having fixed definition concepts. By adopting this approach for the current study it allowed

participants to give their interpretation of the concepts being explored, and allowed me to interpret the messages underlying the participants' experiences. For example, there could have been a difference in interpretation regarding "body image" during the interview with one participant, and I faced a conundrum regarding my perception of participants' weight and size. I explore and discuss this in Chapter Five.

Thematic analysis was chosen for the current study as it is not tied to any particular theoretical framework (Braun & Clarke, 2006) and can be a realist method (Braun & Clarke) with theoretical freedom. For realists, social norms have causal powers (Olsen, 2009) and meanings have effects and are real. Narratives are not seen just as text but "as real social products of ongoing underlying social relations" (Olsen, 2009, p. 13). Thus thematic analysis is a flexible and useful research tool for qualitative research in psychology that can potentially provide a detailed, rich yet complex account of data and can be used to report experiences, meanings and the reality of participants (Braun & Clarke, 2006). In this way, this particular method of data analysis is compatible with Constructionism. Attride-Stirling's Thematic Networks (2001) was the chosen method of data analysis due to the scientific rigorousness of this tool and the systematic approach to the analysis. "[thematic networks] is a method for conducting thematic analyses of textual data, employing established, well known techniques in qualitative analysis" (Attride-Stirling, 2001, p.386).

Below is the systematic process I followed in conducting the data analysis, utilising Attride-Stirling's (2001) Thematic Networks to extract themes from the data. Qualitative methods of enquiry are by design subjective in that they typically explore and interpret the experiences of research participants (Denzin & Lincoln, 2000b, cited in Ponterotto, 2005) by using participants' own words to describe a psychological event, experience or phenomenon (Taylor & Bogdan, 1998, cited in Ponterotto, 2005). Through

the details they share, participants' stories are interpreted in order to produce rich and thick material. Thematic analysis of the kind done for this study is essential to avoid being overwhelmed by data and to provide a scientific basis for the findings. Thematic analysis requires the recorded transcripts to be broken down into units of meaning, which in turn are placed into categories thereby systematically identifying themes. These themes give insight into the issue that has been studied (Swartz et al., 2011). The discussions in the current study yielded enough meaningful text to be analysed.

Regarding the current study, in order to analyse the data, three rounds of analysis were done: Preliminary, Intermediate, and Final, based on Attride-Stirling's (2001) three-staged Thematic Networks model (Reduction/breakdown of text analysis; exploration of text; and integration of exploration) (Kiernan, 2012).

Round 1. Preliminary analysis was done per participant by reading through the transcript of the interview, and making notes about potential codes. As per Attride-Stirling's (2001) model of Thematic Networks, codes have "explicit boundaries" (definitions), are "not interchangeable or redundant", are "limited in scope", and they "focus explicitly on the object of analysis in order to avoid coding every single sentence in the original text" (Attride-Stirling, 2001, p. 391). Preliminary codes were produced in the order in which discussions occurred. Preliminary Basic themes were extracted from the text/discussion; preliminary Organising themes were extracted from Basic themes; and preliminary Global themes were extracted from Organising themes. The process was repeated for each subsequent participant; thereafter the data of all participants were combined and codes were consolidated under general groups. All participants' preliminary Basic themes and Organising themes were integrated as per the consolidated codes, and all participants' transcripts were re-read to ensure text/discussions were represented, and where necessary they were added to the Basic themes.



Round 2: Intermediate data analysis was done by reworking the Codes (together with an objective coder) to create refined Codes, and consensus was reached. Basic and Organising themes were reworked and created three overriding categories, within which were various sub-categories listed as Codes. The central story lines emerged and were classified as Global themes.

Round 3: Themes were explored further to extract specific and discrete integrated statements of belief (Basic theme). Thereafter the shared larger issues from the statements of belief created Organising themes. Finally, networks were created using the Global themes, Organising themes and Basic themes. Chapter Four includes a table (Table 3) showing Codes, Basic Themes, Organising Themes, and Global Themes, as well as graphic representations of the two Global themes and their respective Organising themes and Basic themes, each shown under the relevant categories before the analyses of the respective findings.

Regarding experience and story in qualitative research, Clandinin and Connelly (2000) stated that researchers and participants, and their respective institutions, communities and broader environments all bring their own stories to the field of research. Stories do not begin the day research starts, neither do they end when research is concluded. Everyone's life continues (Clandinin & Connelly, 2000, para. 3). The nature of the research problem in the current study was conceptual, aiming at exploring the experiences of a group of participants through discussion based on three guiding questions informed by literature on the topic, with a view to increasing our understanding of the topic under investigation and furthermore of one another. Participants' experiences came to light through private, face-to-face dialogue.

Apart from exploring the interviews, reducing the participants' diverse experiences into bite-sized segments of text and putting the respective segments into

categories that were identified from the data, I, as the researcher, needed to take one step back from the qualitative data, to look not only at the text but also to interpret what messages and meanings had in fact been conveyed. Interpretation in this instance was subjective, as indicated in addition by Attride-Stirling (2001). I noted a caution by Gilgun (2011) about being aware of my own reactions and subjectivity during the analysis, and nevertheless to acknowledge this but remain focused on understanding and interpreting the data.

Similarly, Yin (2010) spoke of continually acknowledging the unwanted biases that could be imposed by the researcher's own values, to beware of making the wrong interpretation, and to search for alternative explanations. With enough reflection of what was said during the interviews, but also recalling the non-verbal cues, for example pauses, laughter, softening of facial features, as well as my own initial internal reaction, it yielded meaningful stories, which brought the commonalities, differences and contradictions together into a cohesive story relating back to the original research question.

### **Participants and Participant Selection**

Eleven individual, face-to-face in-depth and semi-structured interviews were conducted, using purposive sampling followed by snowballing sampling, the interviews' aim being to collect a rich account of every participant's perceptions and personal experiences regarding the research topic. Swartz et al. (2011, citing Kelly, 2006) indicated that a small number of interviews (between 6 and 10) would be optimal. For purposive sampling, participants were approached for the study based on their characteristics of inclusion relevant to the research question (Swartz et al., 2011). Whilst I began with 23 potential participants from my databases, after enquiring more fully about their precise occupations and/or educational qualifications, and because my research was

restricted to Gauteng, I eventually ended up with eight qualified participants using purposive sampling; the remaining three were referred to me.

The first eight participants were sampled from my existing databases of women seeking solutions to weight management challenges; they had entered contact details and their geographical location on my web sites. Through interactions with them, I had information in general about their needs and their occupations. I carefully considered the ethical implications of using this database to canvas participants for the study, as I wished to keep the research separate from any business concerns. After careful consideration, I concluded that I did not cross boundaries by approaching them to consider participating in research that is relevant to an issue about which they had contacted me some time prior to my deciding to embark upon this research.

Whilst I cannot claim to have been an “insider” researcher in the manner in which this is understood (Teusner, 2010) where the researcher undertakes a study where she works or in her community, the participants of the current study and I are part of a broader community regarding weight management. As such, I was part of their journey, consistent with Constructionism, where researcher status emerges “from the interaction between the researcher and the participants as well as the social and political situation within which the interaction occurs” (Kusow, 2003, p. 537, cited in Ergun & Erdemir, 2010). Having interviewed them, and reflecting upon the manner in which the rapport has been strengthened, which is discussed in Chapter Five, I believe the research has been viewed as beneficial to them and that the findings will be of interest to them.

Over and above the eight participants, I sought referrals to other women, and received five of similar professional status and inclusion characteristics who would be available to participate in the research; only three were in fact available during the time that I was conducting the interviews. Having the option of potentially using two sampling

methods, purposive and snowball, was a precautionary measure at the outset of the research in case I could not find sufficient suitable participants through purposive sampling.

In her study, James (1983) pointed to difficulties experienced in obtaining suitable respondents, which she attributed to the small number of women in suitable positions. In the current study, the number of participants through purposive sampling fell within the parameters mentioned in the literature (Swartz et al., 2011) and I could have chosen to end the interviewing process at that point if the data had reached saturation but I chose to continue for the following reasons: I wanted to try to get a broader representation of economic sectors, as well as a broader spectrum of African cultural groupings, and include more professional Black South African women who were in the 30 age range as they were under-represented in the original databases that contained women mostly between 40 and 60 years of age. Five of the original eight fell into this age range.

Furthermore, by accepting three more participants, I succeeded in including a more representative sample of professional Black South African women employed by public sector, parastatal and private sector organisations (4:1:6, respectively). Without the three participants who were referred to me, the research would have had five public sector/parastatal organisations and only three private sector organisations. Lastly, one participant's company was on the border of Gauteng Province and the North-West Province. Because of this, and in case one or two of the participants' academic or professional qualifications did not strictly meet the participant inclusion parameters, additional women were interviewed. By approaching the sampling in this manner, I managed to avoid the challenges experienced by James (1983).

Prospective participants were contacted telephonically and through electronic means. The nature of the research was outlined (Information Sheet - Part I of the

Informed Consent Form) (Appendix 1). The questions on which the interview would be based (Discussion Guidelines) (Appendix 2) and the consent form were e-mailed to them. Once they had agreed to participate and before commencing the recording of the interview, each participant was provided with a blank consent form that was filled out and signed by both the participant and me. Each participant was given a copy of the signed form, and the original signed copy was retained for my research records; these are being kept in a safe place where only I have access to them.

### **Data Collection**

Face-to-face individual interviews were conducted with the participants working in professional positions (as defined) in organisations and companies in, and bordering, Gauteng Province, South Africa. Below is a table showing participant positions and the industries in which they work grouped according to private sector, public sector, and parastatal sector. To protect the identity of the participants, the details are in no particular order.

Table 2  
*Participant Position, Industry, Sector*

	Private sector (6)	Public sector (4)	Parastatal (1)
Position	Product Specialist Case Manager (New Business) Senior Facilities Administrator Industrial Engineer Counter Manager Personnel Officer	Judge Deputy Director Audit Manager Deputy Director	Financial Administrator
Industry	Consumer Goods: Beauty & Cosmetics Suppliers Analytical Instrumentation & Calibration Transportation Commercial Real Estate & Facilities Management Telecommunications & Engineering Health Insurance	Global Relations Judiciary Facility Design & Audit Public Works	Infrastructure Development Strategic Projects

The interviews were semi-structured, with a view to getting subjective answers to specific open-ended questions relevant to the topic, in as much detail as the participants chose to share. The use of semi-structured interviewing allowed participants flexibility regarding what they wished to share and how much they wished to share about a handful of issues being explored within a structured framework aimed at focusing the study. Various studies have utilised semi-structured interviews, as examples: Fabiano (2010) used semi-structured interviews with 10 African female psychologists regarding the

influence that community has on career development; Fourie (2009) used semi-structured interviews in her study regarding psychological empowerment in South Africa; James (1983) used semi-structured interviews, and content analysis to analyse the results of her study with the professional women she researched.

Patton (1990) stated that interviewing seeks to explore what is in another person's mind and by remaining open-ended attempts to access another's perspective, without inserting external concepts into the narratives of those being interviewed. In qualitative research, interviewing people is about having a dialogue (Malone & Thomas, 2010), a conversation (Yin, 2010) with a view to exploring the perspective and experience of the participant. This seemed to be supported in the current study in that the participants indicated that they were interested in having a dialogue with me and were open and willing to share their experiences and perceptions with me as they provided more information than was required by the Discussion Guidelines (Appendix 2) (see discussion in Chapter 5). The interviews were terminated by posing the question, "Is there anything else you'd like to tell me?" This was done to allow the participants to add any information they still wished to share, and also to aid closure to the interview process in the same manner as the commencement of the interview.

The interviews were recorded on a digital voice recorder to allow me to listen and engage with participants with an open mind in order to record a vivid image rather than a vivid stereotype (Yin, 2010). I conducted a single interview with each participant. Interviews ranged from 35 minutes to 90 minutes (the latter only with two participants), with the majority of the interviews lasting 45 to 60 minutes. The interviews were transcribed verbatim, at the end of which I did quality assurance by doing a brief self-evaluation of the interview including my role in it, and making brief self-reflective notes about my observations to assist me in the discussion of the findings. This served as

a vehicle for triangulation of the content analysis phase of the research. The level of accuracy required for the transcription (Rogers & Kalvanovich, n.d., adapted from Ives, 1972) was guided by the nature of the research in that whilst I was recording speech and analysing text, I was also searching for the meaning behind the words, not only the words themselves. Therefore, the transcriptions included “nuances” of communication such as laughter, and pauses, and accurately recorded specific terminology, words, phrases and expressions verbatim (Yin, 2010).

The data were analysed according to Attride-Stirling’s (2001) Thematic Networks. I chose to engage fully with the study (Yin, 2010) and not to be encumbered by fixed technology using a computerised programme to analyse the participants’ stories through software, which, in the words of Bloomberg and Volpe (2012), “... cannot interpret the emotional tone that is often critical to understanding the findings, and therefore neglects to take into account the contextual basis of information” (Bloomberg & Volpe, 2012, Locations 4059-4065). For this reason, I personally transcribed the interviews, and did the thematic analysis particularly out of respect for the participants and their stories in order to make meaningful interpretations and have worthwhile conclusions. It is important to note that the data do not speak for themselves. Instead, the researcher’s interpretation is key (Yin, 2010). A more complete report regarding themes that were identified from the data is presented in Chapter Four.

In my approach I concurred with Ely et al. (1997, p. 206/6, cited in Braun & Clarke, 2006) who stated that themes reside in our heads from our thinking about our data and creating links as we understand them. According to Yin (2010) interpretation has various components, namely Completeness whereby there is a beginning, a middle and an end; Fairness (objectivity, lack of bias); Accuracy (does the interpretation fairly represent the data); Value-added (is the interpretation new or just a repetition of literature), and



finally Credibility, evidence of which can be found in things such as researcher bias (Bloomberg & Volpe, 2012), and prolonged involvement in the field (Bloomberg & Volpe). The various components of interpretation are discussed and supported in the introductory chapter, as well as in Chapters Four and Five.

The recordings, transcripts and biographical details of the participants are being kept in a safe manner where only I have access to them and they will remain there for a period of five years. In service of transparency, the transcript of one of the interviews (with no biographical details) is included as an appendix in the dissertation (Appendix 3).

### **Ethical Considerations**

The ethical considerations in the current study were broadly mentioned in the introductory chapter; below is a synopsis of the manner in which the ethical considerations were dealt with.

**Informed consent and the aims of the study.** The Informed Consent Form (ICF) (Appendix 1), together with the Discussion Guidelines (Appendix 2), was sent to each prospective participant to enable her to decide if she wished to participate in the study. It made clear the aims of the research and purpose of the research, and who is conducting it, as well as what the participants could expect, including issues of confidentiality. The process followed thereafter has been discussed under **Participants and Participant Selection** earlier in this chapter.

**Non-maleficence and beneficence.** The goal with the study was to gain new information and understanding about the specific topic being explored in the study. It was not my aim or intention to cause any harm to the participants or to do anything that would not be in their best interests. The goal was ensured through thoughtful, private, one-on-one interaction with the participants, and confidentiality as regards the

information given and the manner in which the information would be written in the dissertation. Furthermore, having been informed that they had the option of being referred for counselling should the interview material cause psychological distress, none expressed the need for counselling.

To satisfy “Beneficence”, it is my intention to share the overall findings with the participants (Leedy, 1980) in the form of a Feedback Pamphlet (Appendix 5) at the conclusion of the research process. This is considered as a means of enhancing the participants’ experience of their research participation, making the information gained through the research accessible to the participants, and also as a way of thanking the participants for their time and input. I am aware of intellectual property rights, and will follow the university policies in this regard. The intention of the Feedback Pamphlet is to show participants that the time they invested in participating in the research translated into findings that might be of some use to them and that they exist within a broader context, particularly as some participants expressed gratitude for the opportunity to discuss the issues, and expressed particular interest in knowing the findings. The Feedback Pamphlet has been written in general, neutral tones and without identifiable specifics to ensure no participants are caused any discomfort or internal crisis (Flick, 2009).

**Autonomy or self-determination.** The need for participants’ values and decisions to be respected were managed by my being an active, respectful listener not wishing to impose my own views on what the participants said, and instead to expand upon and further explore what they shared as a means of extracting relevant information about the topic being researched. The ICF made it clear that participants would have been able to withdraw from the interview and the study at any time should they wish to and that they could re-schedule the appointment if they felt uncomfortable at some point

but wished to complete the interview. None withdrew, all kept their appointments, and all participated with openness and interest.

An attitude of respect was also applied to the other principles of ethical conduct (Swartz et al., 2011) regarding fidelity and behaving in a trustworthy manner by maintaining confidentiality; integrity and commitment to the truth were ensured through accurate transcription of their stories, and fair interpretation of the meanings. Quality assurance done by the study's supervisor in particular, supported the accurate and fair interpretation of the stories. Similarly, justice, whereby all people are to be treated equally, respect for human rights and dignity, as well as being treated ethically, with respect, integrity and care were ensured through the same overall ethos of the researcher.

**Authenticity.** This concept refers to research that is worthwhile and considers its impact on members of the culture or population being researched, and is seen as an important component of establishing trustworthiness in qualitative research so that it may be of some benefit to society (James, 2008, cited in Given, 2008). Participants expressed their interest in the topic, while others expressed how the research questions and interview had caused them to ponder certain things; therefore this concept has been included in the current study and is discussed in Chapter Five. I too have been changed by this study, and have added my own voice to "authenticity".

### **Trustworthiness**

To satisfy the requirement of trustworthiness in the study, Credibility, Confirmability and Dependability were achieved by quality assurance done both by the supervisor of the study and an independent consultant based on having examined the transcripts of the interviews and the analysis of the data done by the researcher. The findings were verified against the data (participants' stories) and the researcher's

interpretation was similarly evaluated by the quality assurance done. The study is able to be repeated as it is a simple process of having enough qualified participants, asking them the same set of questions as per the Discussion Guidelines, transcribing the interviews, and analysing the data. The aim of the study was to gain a better understanding of some of the issues faced by small number of people, and was not about providing solutions to weight management challenges; however, the findings have applicability in other contexts because awareness of the issues faced and how these were handled by the participants could be extrapolated to other populations, thus satisfying Transferability. As the study was conducted in a very specific sub-population, I am aware that the findings themselves might not be transferable although the method is transferable.

### **Limitations and Delimitations**

Limitations in a study refer to external conditions beyond the control of the researcher that could restrict or constrain the scope of the study or affect its outcome (Bloomberg & Volpe, 2012, Locations 3272-3278). Limitations expose conditions that could weaken a study (Locke, Spirduso, & Silverman, 2000; Rossman & Rallis, 2011, cited in Bloomberg & Volpe, 2012). An inherent limitation in qualitative research is its non-generalisability and transferability from the point of view of the findings. Whilst the findings may not be generalised or transferred, the method may be applicable in other contexts, and suggestions for further research have been made in the concluding chapter.

The following limitations were encountered in the current study:

- Relatively small sample size (11 participants) even though it was in keeping with qualitative research methodology. This limitation was addressed by interviewing (one) more than the number indicated as being preferable (6 to 10) by Swart et al. (2011)

- Specific sub-population (professional, Black/African, women) plus the age factor, for example the study did not explore weight management issues experienced by Black female teenagers, or Black women who are not in the professions. However, this was the target population of the current study and is therefore not a limitation per se. In Chapter Six, I make suggestions for further research involving additional populations.
- Seventy-three per cent of the participants (eight) came from my databases regarding weight management; the remaining 27% (three) were referred to me. They were not selected from the general population of professional Black South African women with an interest in weight management and might therefore not be truly representative of all professional Black South African women, only those actively seeking weight management solutions and using the internet to do so.
- Face-to-face interviews, which required an investment of time by the participants during their working day (with one exception, a participant who had to change the appointment to a Saturday morning), and my investment of time and money in getting to the interviews. This was addressed by scheduling appointments well ahead of time and making the time available.
- Geographical location, in that only participants in and around Gauteng Province could participate.

Furthermore, I am aware that the study has factors that are quite specific based on a dynamic combination of my resources (hands-on experience with the subject matter, data bases, availability of time and financial resources) and the willingness of 11 women to participate in a face-to-face interview about an issue that is of personal significance to them. Despite the “limitations”, I have made a suggestion in the concluding chapter that a similar study could be conducted by other researchers even though the particular combination of dynamics might not easily be found.

Delimitations in turn clarify the boundaries of a study (Bloomberg & Volpe, Locations 3267-3278) over which a researcher has control as a means of narrowing the scope of the study, typically time of study, location, sample, and so on. The delimitations of the current study were the racial grouping of the participants even though I did not target only certain Black cultural groupings, and geographical location, which was in and around Gauteng Province as I would be conducting face-to-face interviews and it was not feasible to extend the geographical location beyond what I could reach by car. An additional delimitation was age, as I was targeting professional women and therefore did not seek to interview teenagers or young adults. The youngest participant in the study was 29 years of age, and the oldest 60. Two further delimitations were that participants had to have some interest in weight management, and had to either have professional qualifications or be in middle- to senior-management positions, or equivalent, regardless of the industry in which they worked.

## **Summary**

This chapter presented discussions regarding Constructionism, which was the theoretical framework underpinning the study, as well as the phenomenological approach to the study, the qualitative method of enquiry, content analysis, and Attride-Stirling's (2001) Thematic Networks utilised for data analysis. It gave details regarding participant selection using purposive sampling from databases accessible to me, and snowballing; and individual face-to-face interviews as the data collection method. The relevant ethical considerations and trustworthiness, were discussed as well as the manner in which they were managed. The chapter gave an overview of Authenticity, as well as the limitations and delimitations of the study.

Chapter Four reports on my thematic analysis of the findings with representative verbatim quotes from the participants serving as subjective verification of the stories.

## Chapter Four: Thematic Analysis and Reporting Findings

*“Words mean more than what is set down on paper.  
It takes the human voice to infuse them  
with shades of deeper meaning”  
Maya Angelou*

### Introduction and Overview

The current study aimed at answering the question, “What are the experiences of professional Black South African women in the professional working environment regarding cultural differences about weight, body shape and body size?” It did not seek to provide solutions for weight issues; rather it aimed at understanding the perceptions and experiences of this group of women. In reporting on the findings of a study such as this, the goal is to tell the story of the participants in such a way as to allow the readers of the research to experience the participants’ stories in a similar manner as the researcher did (Bloomberg & Volpe, 2012). I, as researcher, spent the time to hear the stories, and to understand the participants’ individual perspectives by what Patton refers to as “inductive analysis” (Patton, 1990, 2001, cited in Bloomberg & Volpe, 2012) to extract “[a] rich, thick account of the voices of participants ...” (Schurink 1998, p. 253, cited in Groenewald, 2010).

In this chapter, I present the analysis of the findings that were identified in the study, based on participants’ perceptions and their experiences both of which are subjective for each individual participant. I begin with a discussion about themes, followed by a table showing the identified categories, codes and themes. Thereafter, in support of the process of data analysis as per Attride-Stirling (2001), I present each Basic theme that led to relevant Organising themes, and culminated in two story lines (Global themes), which in turn led to the identification of the overall findings regarding the three concepts, and overall major findings. I support the themes with representative verbatim



quotes from the participants, which serve as subjective verification of my interpretation of their stories.

Whilst findings are traditionally reported on in an integrated manner to give a broad overview across a group of participants, the lens through which the current research was conducted and the qualitative method of enquiry utilising content analysis are firmly anchored in the words and personal perspectives of individual participants. In the current study, an attempt was made to select just enough stories to support the interpretation of the findings in order to give all participants a voice, particularly for the findings pertaining to the three concepts. Furthermore, some stories were meaningful and dramatically different from others; in those cases they are reported on individually even if they were in the minority (see justification for this under the section about **Themes** in the following pages).

This section is followed by three summaries, going from the general to the specific:

- A summary of the overall major findings that were identified from the participants' stories as a whole and extracted from the Basic themes during the data analysis phase.
- A summary of the overall findings regarding the three concepts.
- An overview of individual findings regarding the three concepts.

The chapter concludes with a summary of the data analysis process, and the findings, which are discussed and integrated with the literature and the theoretical framework in Chapter Five.

## **Themes**

Braun and Clarke (2006) stated that a theme captures something important about the data in relation to the research question and represents some level of patterned

response or meaning within the data set (Braun & Clarke, 2006, p. 82). What counts as a pattern/theme is prevalence. In qualitative analysis, there are no rigid rules regarding what proportion of data sets need to display evidence of the theme for it to be considered a theme; a theme can be given considerable attention or relatively little (Braun & Clarke). How then is a “theme” decided upon? According to Braun and Clarke (2006), researcher judgement and flexibility is necessary to determine what a theme is. Taylor and Ussher (2001) cited in Braun and Clarke (2006) stated that the concept of themes “emerging” during the interview or from the data is a misinterpretation, and is seen as a passive account of the process of analysis, denying the active role played by the researcher in identifying patterns/themes, selecting those which are of interest, and reporting them. “Keyness” (Braun & Clarke, 2006) of a theme depends on whether it captures something important in relation to the overall research question (Braun & Clarke, 2006, p. 82). In the current study, themes were identified as such if they were relevant to the research problem being explored by way of the research questions.

Bloomberg and Volpe (2012) stated further that some data provide information that contributes to the understanding of the research problem (Bloomberg & Volpe, 2012, Location 4039) but do not fit into any theme; these can become categories of their own. In the current study, two unique themes were identified, namely “Yellow cards” and Gender issues, and will be reported on.

In conclusion, the intention is not to quantify qualitative data; frequencies [of themes] are there to supplement the participants’ narratives (Bloomberg & Volpe, 2012, Location 4227), and “What is important to report is the concentration of individual responses and the concentration of responses across individuals” (Bloomberg & Volpe, 2012, Location 4138). It is incumbent upon the researcher therefore to tell the story of what was learnt from participants (Location 4069) as the researcher sees it, that is, how

the researcher interprets the stories; participants' quotes are used to illustrate the point being made.

### **Data Analysis Process**

In line with Attride-Stirling's (2001) method of showing the process of analysis according to her Thematic Networks, Table 3, complete with the final Codes, Basic themes, Organising themes and Global themes, appears on the following three pages. The numbers in brackets next to each Basic theme indicate occurrence across the integrated findings, or items given attention, whether it is considerable or relatively little (Braun & Clarke, 2006, p. 82). It must be noted however that for some themes, for example, Weight, Shape, and Size, there was prevalence within each theme, for example Weight: Whilst 11/11 participants gave attention to this concept, 7/11 were not happy with their weight, 3/11 were happy, and so on. The details are elaborated on during the reports about each Basic theme.



Codes	Basic themes	Organising themes	Global themes
Productivity/work	12. Expectations & workplace environment (6/11)	6. Tolerant work environments	<b>“Fat is an issue” and influences vitality</b>
	13. Ability to work (3/11)	7. Internal resourcefulness	
Social wellbeing	14. Support & understanding (8/11)	8. Varied social environment	
	15. Conversations & interaction (4/11)	9. Commonality in trend towards healthier choices	
Accountability (dynamic influences on vitality)			
External - culture/ethnic group	16. Traditional expectations (11/11)	10. Western values filtering through to culture	
	17. Emerging attitudes & tensions (6/11)		
External - environment	18. Physical environment (4/11)	11. Environment plays pivotal role	
	19. Education & learnedness (6/11)		
	20. Occupation (1/11)		
	21. Media & technology (5/11)		
	22. Misperceptions (3/11)		

Codes	Basic themes	Organising themes	Global themes
Internal - then & now comparative	23. Growing up (2/11) 24. Adult life before (4/11) 25. Adult life now (3/11)	12. Different “lifetime”	<b>“Fat is an issue” and influences vitality</b>
Internal - mindset	26. Way of thinking, opinions & judgements (4/11) 27. Actions & behaviours (2/11)	13. Change is desirable and achievable	
<b>Knock-on effect</b> A better life	28. Mentoring & role model (9/11)	14. Influenced by externals & influencing others	

### Thematic Networks in the Current Study

In the current study, two Global themes were identified, and named, as follows:

1. “Fat is an issue” and influences vitality.
2. Knock-on effect culminates in a wish for “a better life” for themselves (participants), their children, and their extended families.

Fourteen Organising themes were identified across the data set, of which 13 (93%) culminated in the Global theme **“Fat is an issue” and influences vitality**; these were informed by 27 (96%) of the 28 Basic themes, while two unique themes (“Yellow cards” and Gender issues) were also identified, with 10 codes across the data set.

Whilst thematic networks are designed to alleviate issues of hierarchy (Attride-Stirling, 2001), in the current study the category of Vitality/Health, with its corresponding themes, was given the most attention, with nine Organising themes (64%) and 15 Basic themes (54%). This was followed by Accountability (dynamic influences on vitality) with four Organising themes (29%) and 12 Basic themes (43%), and then by Knock-on effect with one Organising theme (7%) and one Basic theme (4%).

The findings are presented as follows: A diagram showing the categories of Vitality/Health; Accountability (dynamic influences on vitality); and Knock-on Effect, with their respective Global theme, Organising theme/s and Basic theme/s. This diagram is followed by an analysis of each Basic theme, together with representative quotations from participants. For purposes of highlighting the participants' voices, I have deviated from APA rules regarding format, and have used boldface for quotations within sentences; I have retained the block quotation rule for quotations that are over 40 words. Italics denote participant emphasis. The “[sic]” rule was applied to informal contractions and non-existent words but not to minor grammatical errors.

**Global theme “Fat is an issue” influencing vitality - themes relating to physical wellbeing and physical appearance.** Figure 1 below shows the Global theme “Fat is an issue” influencing vitality, hereafter referred to as “Fat is an issue”, with its three Organising themes and its nine Basic themes, relating to physical wellbeing and physical appearance.

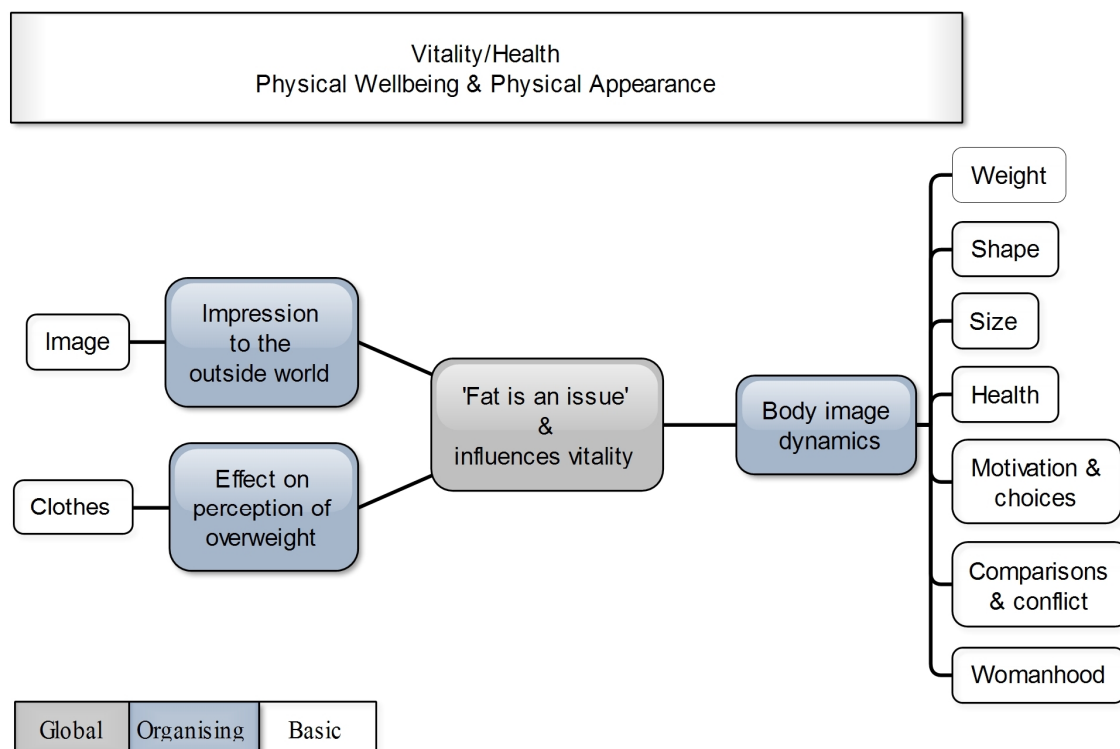


Figure 1. “Fat is an issue”, plus organising themes, and basic themes relating to physical wellbeing and physical appearance.

For purposes of this study, “wellbeing” is understood to pertain to overall quality of life, a notion that is subjective but which is fully in line with the underpinnings of the study, namely the subjective experiences of participants. A definition suggested in Dodge, Daly, Huyton and Sanders (2012) is what they refer to as a “balance point” (Dodge et al., 2012, p. 230) between an individual’s psychological, social and physical resource pool, and psychological, social and physical challenges faced (p. 230). “Physical appearance” in turn is understood to mean how one looks, one’s physicality.

The first Organising theme, **Body image dynamics**, and the Basic themes within that, was given the most attention by participants (78%). Regarding body image itself, which is made up of one’s perception of body weight, shape and size, these three elements were given attention by all 11 participants, but whilst distinctly different concepts, they sometimes blended into one another when participants were responding.



In addition, the personal, subjective experiences of each of the participants differed from one theme to the other and from one participant to the other. Overall, participants were happy with their weight, or their shape, or their size; some were happy with two aspects of their bodies; others were happy with all three, while others still were unhappy with all three. After careful deliberation, I made a decision to report on the first three Basic themes together.

***Basic themes 1, 2 and 3: weight, shape and size.*** Satisfaction with weight varied among participants. Seven of the 11 (63%) were not happy with their weight, three were happy (27%), and one though relatively happy wanted to lose a few more kilograms. All but three (i.e. 73%) therefore revealed that weight is an issue, demanding attention. In addition, five participants (45%) referred to improvements in their health when they lost weight or stated that their health would improve if they lost weight.

Regarding shape, the most desirable body shape among most of the participants was the “Pear”. Body shape was one of the major findings in the current study, and is discussed in some detail in Chapter Five. Satisfaction with body shape among participants varied, with six (55%) being satisfied with their shape, and four (36%) not satisfied, while one participant (9%) spoke of what one needs to do to maintain a small shape. According to participants, the shape of an African woman’s body is that of a Pear. For those who were satisfied with their shape this could have been an indication that they were content with what they perceived as their genetic endowment but for those who were not, indications are that they waged mental war against something unchangeable.

Lastly, attention given to their size also varied, with some participants quantifying their body size by using clothes size, while others used descriptive words such as “big” or “huge”; two referred to the appropriate size for a mother, while another disagreed that being a mother meant you needed to be overweight or should allow yourself to be

overweight. Using clothes and clothes sizes, instead of kilograms, as one's gauge of weight, was another of the major findings, and is discussed in Chapter Five.

The individual interviews provided a wealth of diverse individual stories with varying depths of emotion, including a sense of frustration or accomplishment, as well as details of weight loss methods and expenditure for nutrition, indeed even for specialised garments despite the acknowledgement that the solution was temporary and gave no lasting satisfaction. The words of one participant, who went to greater lengths than all others to lose weight, maintain an optimal weight and create her preferred shape, are representative of the others:

... that thing [a corset] was 1.7 [R1700] ... it gave me the *good shape* ... I don't know whether I was satisfied or not ... I wore it, daily ... when I say daily, I mean daily... so that this ... makes that body that ... I think I want to have ... then whether it gives me the satisfaction at the end of the day is still a question. (Participant 5)

The essence of the integrated weight management issues, which include shape and size, is as follows:

- Participants could love their shape and/or their size, but still consider themselves “fat.” In response to what she sees when she looks in the mirror, one participant's voice spoke for the rest: **“A fat me!” (big laugh, for long)** (Participant 3). The occurrence of laughter was prevalent in the responses of several participants, and is discussed in Chapter Five.
- Several participants had strong negative feelings about their weight, and felt it was hateful to be overweight: **“I hate it”** (laughed) (Participant 9), and indicated a willingness to go to extreme measures to lose the body fat: **“I just want to get rid of excessive fat that's on my body, if I had to go for lipo I'd go for lipo suction!”** (Participant 1).

- Weight management had cost implications, in both a monetary sense with additional funds being paid for things like healthier nutritional options, and in terms of the physical and mental effort required to lose weight (and then maintain the weight loss) through exercise, going to gym, running, and watching what one eats. Despite this, participants appeared to appreciate the value of engaging in healthier choices and were determined to achieve their goals. To quote two participants:

... in terms of weight (pause), I have lost a lot of it, I've lost 13.6 [kgs] in the last two years ... really, 13.6 is not a child's play ... but I still see myself as overweight ... around two thousand Rands [*sic*] for a programme ... and then the food you buy ... have gone *back* now, why did I pay the three thousand or whatever gone back ... (Participant 5)

(Pause) (Chuckle) ... it's hard actually to stay in shape ... but that ... was through *hard* work ... I *had* to exercise, run, go to gym, so that was the only way that I could lose the weight and obviously always watch what you eat. (Participant 11)

- The modern lifestyle (discussed under the category Accountability - dynamic influences on vitality) or, in the case of some participants, hereditary factors and the lifestyle of their families, were factors in weight management: **"... in terms of weight, I don't have a problem that much with my weight because it's in the family ..."** (Participant 2). Family's weight issues were cited as also being a reason to try harder to stay slim: **"... to stay small, stay in shape you know because in my family ... my mom and my two sisters they're big ... simply because they ... don't go to gym, I mean they eat whatever that they eat ..."** (Participant 11). The desire to maintain healthy levels of weight was also attributed to modern - rather than traditional - lifestyle and influences, and is discussed under other themes.
- Despite utilising conventional methods of determining body fat, for example BMI, individual desires and determination prompted attempts for extra weight loss: **"My goal ... in terms of my BMI, is supposed to be 75 [kgs] ... I'm 78 ... it's not that**

far ... maybe I can go for 70 ... a few more ... and I said wow I'm almost there ...” (Participant 10).

- The uniqueness of the “African woman’s” body was revealed with contrasting views about the appeal of one distinctive feature, namely the buttocks: “... **I don’t like the bums**” (Participant 4), while another revealed she would “**kill for this**” [the ‘projected bummies’ *[sic]*] **and hips and this person ... is nicely built**” (Participant 5). Regarding the African woman’s body in its entirety, two participants showed the contrasting feelings that perceived genetic endowment elicits: “... **it’s not an image I like ... but it’s my weight, it’s my weight, it’s my body, and I’m assuming it’s African (chuckled) it’s an African shape like all full-figured women ...**” (Participant 7). The contrasting view: “**I see an African woman ... I don’t wanna** *[sic]* **say a big, but I seeee** *[sic]* **a woman, a mother, a beautiful figure for a ... South African Black woman ... is definitely representing an African woman.**” (Participant 9).

An additional unique revelation was what some participants termed the “structure” of the body. This is unalterable, whereby the structure of the body is retained regardless of weight loss or weight gain. In the words of one participant who referred to a different version of the structure of the body in response to what would happen to her size when she lost weight: “... **it would be a smaller version [of] the structure**” (Participant 9). She elaborated: “... **the shape is basically the structure of my body ... if I lose ... weight, nothing’s going to happen to the structure, nothing’s going to happen to the shape, if anything it’s gonna** *[sic]* **look much, much nicer, smaller ...**” The words of another participant, also referring to the structure of the body, summed up the potential effects of less nutritious eating habits: “... **but I know**

**I have to watch what I eat to ... maintain the structure of my body ... if I just relax and eat pap I look like pap ... (both laughed)”** (Participant 6).

- Traditional expectations regarding marriage and motherhood influenced participants’ preferences in their present day, modern lives. In “the olden days”, if one was married and had children it was acceptable to be overweight (a theme explored and reported on in later discussions). One participant disagreed, “ ... **was allowed to be big ... need to start taking better care of ourselves, you can’t just say ... I’m married, I’ve got a child so I’m allowed to gain weight, uhu [sic], it doesn’t work like that ...**” (Participant 11) while another did not want to be “**a thin mother**” (Participant 8), and a third shared her view regarding the ideal figure of a mother and what being a mature woman means:

... for me it’s important ... that I represent my kids, I want when people see me to see that she’s a mum ... not necessarily that I’m associating mum with big but for me personally ... I have to be seen as a woman ... (Participant 9)

- Carrying extra weight affected some participants’ concept of age and youth, as weight was perceived as aging them: “**In simple terms I feel very big for my size and very old for my age**” (Participant 4). This was remarked on by another participant whose (overweight) father told her not to gain weight, as it would age her by 20 years.
- Different people focus on different aspects of their bodies, and on what makes them feel happy or attractive, as well as what constitutes a measurement of those concepts. Participant 6: “... **I think currently ... I’m happy with my body weight (pause) ... [which was determined by how her clothes fit]**”, and “**I love my shape ... I’m curvaceous and it gives me shape with the clothes that I wear**”. In addition, there was reference to the issue of clothing and how clothes fitted when one is overweight and the effect it has: “**So my body image I as a person am happy with it**” and “**Size**

**is where I normally have a problem because you find something beautiful ...”**

**[clothes that do not fit larger bodies]** (Participant 2).

- It was possible to love one aspect of one’s body, for example one’s shape, yet be unhappy about another, for example, weight: **“In terms of shape, basically I’m a pear shape ... this shape I love, I love this shape ...”**; **“... my weight is just *bigger* than what I think it should be ...”** and **“... to be honest, I’m not, I’m not happy”** (Participant 3). It was also possible to love all aspects of one’s body, even during pregnancy: **“I’m very happy, just that I want to maintain my weight ...”** (Participant 8).

Just as there were various participants, so were there various perceptions, challenges and experiences regarding their individual body images.

This then concludes the report regarding the participants’ experiences of weight, shape and size. The next Basic theme to be reported on is *health*, referring to physical wellbeing; emotional wellbeing, spiritual wellbeing and social wellbeing are discussed under their own categories.

**Basic theme 4: health.** Being overweight affected health according to five (45%) participants, while others either had no health issues or did not mention any. The consequences of weight proved to be affecting more aspects of participants’ lives than just having to wear ill-fitting clothes or seeing a high number on a scale. Health issues included high blood pressure, painful knees and feet, issues with the heart, and asthma: **“I’m asthmatic, when I gain a little bit of weight I can feel my chest closing up ... I was spray three four times, wake up sometimes at night, sleep with my spray right on the pillow ...”** (Participant 5). Participant 1 recounted what doctors told her: **“... your weight contributed to your heart to be weak, and lack of exercise ...”** In addition, weight was a hindrance to health improving: **“... and each time I go to the**

**doctor, they tell me ... your weight will hamper your healing**” (Participant 1). Certain conditions seemed to improve with weight loss, for example asthma, **“... I only spray once in the morning now ...”** (Participant 5), and overall general wellbeing was attributed to maintaining a healthy weight: **“Even the doctors will tell you if you lose a little weight ...”** (Participant 2). However, not all instances of overweight automatically result in ill health according to participants’ stories: **“... fortunately, I don’t have problems”** (Participant 3).

*HIV/AIDS.* The issue of HIV/AIDS was first mentioned halfway through the combined interviewing process, briefly, by three participants. However, none of the participants attributed thinness or weight loss to HIV/AIDS, something that was prevalent in terms of stigma in the literature (Bongela, January 2012, quoting Kruger, n.d; Kruger et al., 2005; Matoti-Mvalot & Puoane, 2010; Puoane et al., 2002) and as possibly fuelling the obesity epidemic, at least in part (Matoti-Mvalot & Puoane, 2010). This was a major finding in the current study and is discussed in Chapter Five. This more enlightened view to a disease could be attributed to the higher level of education of the participants in the current study and to general trends away from being overweight. Considering the prevalence of HIV/AIDS in South Africa as well as the mysteries and complexities surrounding this disease, I wish to report on all three views individually even though none of the participants had personal experience of this disease.

There are trends away from being wary about potentially being seen as having HIV/AIDS if one is thin but according to this participant, thinness is nevertheless traditionally seen as an indication that something is amiss in an individual’s life:

I think after the HIV trend (pause) people started to be (pause) ... very cautious about “I cannot be thinner” but it is eventually going away now ... people want to be thin ... but again it is based on cultural-wise ... if you are not fat ...you are not okay ... there’s ill health, or emotional ill health or whatever, it’s very associated with you being sick if you not ... of a fuller figure, so it’s mostly related to that ... might also be even

related to you are not in a good marriage ... you're not happy, even at work ... even if you are talking together, no this job of mine ... really causes me a lot of headaches that's why I'm even *losing weight*, because you always associate it ... with ill health or whatever but with our culture it's quite common that you need really to be ... of a fuller figure.  
(Participant 5, Zulu)

In the case of Participant 7, HIV/AIDS was also mentioned in the context of her culture (Zulu), where a full figure is the norm and where thinness suggests sickness (in this case, sickness included the suspicion of HIV/AIDS) but generally only with the older generation and those not living in a big city with big city influences and big city thinking:

... if you lose weight my granny will be the first one to comment, what's wrong with you, are you okay, are you sick, is this sickness, have you got it [researcher understood this to mean HIV/AIDS, but did not ask for clarification there and then] [it was confirmed later in the interview] ... it's like when you lose weight it's a problem, you now got some sickness, you dying ... (Participant 7, Zulu)

The last participant to mention HIV/AIDS did so in the context of people who admired her full-figure. She began to lose weight through healthy nutritional practices, felt well and became more confident, which is something one might wish to aspire to, however such positive results were dismissed and instead there were comments that her weight loss could be seen to mean she had HIV/AIDS:

.... on the other hand you hear people who say no that's not your body as far as we know ... you're big and plumpy [*sic*] ... now that you've lost weight we'll think otherwise that you're sick you've got AIDS or anything ... (Participant 10, Xhosa)

The participant however did not give much attention to those types of comments and instead focused on what she knew about her weight loss - that it was as a result of healthier choices: **"I said but as long as I know I'm healthy I don't mind people can talk, it's also for my health ..."** (Participant 10). But the fact that this participant and



Participant 7 experienced these comments, directly or indirectly, might be an indication that the said stigma is still held by many in the various communities.

According to the stories of the participants, therefore, just because one is overweight does not automatically mean this will result in health issues, and neither does thinness imply having AIDS, being HIV-positive, or being ill. Instead, due to healthier choices, thinness implies improved vitality.

This concludes the report on the findings for *health*. The *motivation* for losing weight or wishing to maintain a healthy weight and the *choices* that participants made is discussed below.

***Basic theme 5: motivation & choices.*** Motivation for seeking to lose weight varied. Ten of the 11 participants (90%) were actively engaged in some form of weight management on a daily basis regardless of whether or not she was satisfied or dissatisfied with her weight, or shape, or size, and they managed to find it in themselves to make the required sacrifices and have the required disciplines at least to keep trying. One participant only made sporadic attempts for a day.

Five participants (45%) discussed motivation, including one participant who discussed her lack of motivation despite a family history of health problems and despite she herself being told that losing weight would alleviate her own health issues: “... **my dad’s got diabetes ... shocked me a bit but still ... honestly, I really, really wanna [sic] lose weight ...I start ... then just slide slowly ... I really don’t know ‘cause [sic] I really do want to lose weight ...**” (Participant 7).

For three participants, maintaining their health, improving their health or to prevent health issues were factors, as were other factors, for example to have more vitality, improve emotional wellbeing, and to be able to be more mobile, “**Sometimes I can’t even walk at all ...**” (Participant 1), and to be there for their children:

... play with my daughter ... run with her ... imagine if you're this big person, you're overweight ... when she tells you mom ... let's go play bicycle outside ... keep on making excuses ... may not be excuses ... you might be literally sick ... because you're overweight. (Participant 11)

The frustration of not being able to wear what one wants to wear, and the importance of image and appearance were other factors: **"I believe that your image it says a lot about you before you even start talking to that person ... the way you look just says a lot ..."** (Participant 11). Participant 1 in turn shared as follows: **"I can't wear any heels ... I have to wear padded shoes ..."** and **"now I wear flat skirts, I wear baggy things, which is not my style, which is not my style ..."** For one participant the benefit of fitting into nicer, smaller clothes was primary while improvement to her health was only seen as a distant bonus: **"... I don't have attacks because I've lost weight ... which should be motivating me to go more but now because it's not the initial motivation ..."** (laughing) (Participant 5).

Participants had chosen healthier lifestyles for themselves and their families, through food choices, or through physical activity and less sedentary lifestyles. The words of this participant speak for all: **"I'm eating brown rice ... everything I eat is brown, brown, brown, brown, brown rice, brown pasta ..."**; **"In the evening I try to exercise, I walk around ... here at work I take the stairs ..."** (Participant 1), while another's included individuals with families: **"... even with my daughter now sometimes when we, we go jog we go with her..."** (Participant 11). Two participants, also having chosen a healthier lifestyle, spoke of handling nutritional weaknesses and temptations through moderation not abstinence: **"I love Steers chips, I'll only have a small portion once in two weeks maybe or once in three weeks, so it's like I no longer tell myself that look I'm going on a diet ..."** (Participant 3), and Participant 5 : **"... don't be very, very strict, because the day you see pizza you will take the whole box,**

**so I just take little bit of chunks just for taste ...**". This participant, in addition, talked about how confusing it can be to make the correct healthy food choices with all the conflicting information that abounds: **"I'm so confused ..."** (Participant 5).

The two major motivations for weight loss/management therefore seemed to be health and wellness considerations, and freedom of choice of clothing.

This concludes the report about *motivation and choice*. The next Basic theme, comparing oneself to others and being conflicted, is discussed below.

**Basic theme 6: comparisons and conflict.** These themes refer to the instances of personal comparisons and conflicts that were shared by participants. Two participants (18%) compared themselves to others of similar age and displayed characteristics of never being satisfied, or perhaps of being so attached to the pain of being overweight that they could not see beyond that: **"People of my age. I don't fit in on that one ..."** (Participant 4), while another stated: **"... people that are my age and ... in a same position as me in terms of having kids ... I know people got *two* kids who are smaller than me and I don't really understand how that works ..."** (Participant 11).

Furthermore, participants shared the perspective that according to traditional norms when a Black woman is overweight, it shows that she is happy and being looked after. This is discussed further under the Basic theme of *traditional expectations*, and even though others challenged the notion of overweight as being an indication of wellness, only one participant appeared to be personally conflicted between her own mental resources and knowledge regarding weight gain, and what Black culture appears to be saying about the relationship between people's emotional states and weight. It would seem that with higher education, and a different work and living environment to those who are living by the old notions of wellbeing, a tug-of-war began in this participant's mind between two worlds that were far apart yet very close, and is perhaps

representative of the distance between traditional, less-enlightened thinking and educated thinking experienced by others but not vocalised:

... you're happy, you're comfortable ... this adds to the weight, my mum says ... my helper ... she's your traditional woman ... also believes that food does not make you gain weight, it's when you are *happy* ... you are *comfortable* in life that you actually start picking up weight, so I tend to be, I've got mixed emotions with that ... I believe to a certain level sometimes not. (Participant 9)

Her conflict was further expressed as follows:

I'd like to ... think ... I'm intelligent enough to know that if you don't exercise ... don't eat well ... don't do gym, you will gain weight ... this is why I've got mixed emotions ... your traditional culture people ... they believe ... for an example you have friends that are single, they're not working or whatever the case is, once their life starts getting better they improve in one level in their lives, they start gaining weight ... (Participant 9)

The concept of cognitive dissonance is explored in the report about traditional expectations, and emerging trends, and is discussed in Chapter Five. *Womanhood*, which encompasses metabolism, age, maturity and pregnancy, and is the last of the Basic themes informing the Organising theme of **Body image dynamics**, is discussed below.

**Basic theme 7: womanhood (metabolism, age, maturity and pregnancy).** Four participants (37%) referred to metabolism and maturing as a woman, and age as a factor in weight gain: “... **I don't know if it is in my mind when I always say we've got different metabolisms, because my young sister can eat what she wants ...**” (Participant 1); Participant 10 in turn stated, “... **and being over 30 your metabolism plays a big role ...**”, while one participant specifically felt that it is Africans who tend to gain weight as they age: “**I've come to realise, to a realisation as Africans we tend to get bigger when we get older ...**” (Participant 9). In a way, participants were at the mercy of life with some “buying into” notions of being unable to control things, for

example aging and others mentally fight against that which they could not control, for example, by focusing on another's faster metabolism and allowing it to upset them.

A contrasting story focused on positive things and comments made by young people in the participant's environment who tell her that since she lost weight she looks their age: **"... because even these young ones who'll come along to say ooh, now you look like our age, and we can try our luck (smiling, chuckling) you know ..."** (laughed) (Participant 10). The participant's laughter suggested a sense of security within herself to be her age yet still engage in banter, an attitude that was apparent in the vast majority of the participants despite their individual challenges.

Regarding pregnancy, the effect on four participants differed. Two spoke of specifics of weight gain and the battle to lose it after pregnancy: **"After the second one it was very difficult ... it was very difficult ..."** (Participant 10) but she did succeed, in contrast to another who had not managed to get back to the weight she was before she had more children: **"... and this is now like four and a half years later, I haven't managed to get back to that weight ..."** (Participant 9). Despite weight gain generally going hand-in-hand with pregnancy, and even though bringing a child into the world is of fundamental importance to the continuity of life, the unwanted consequences of pregnancy created tensions that women might not normally need to deal with unless they fall pregnant.

Contrasting attitudes regarding pregnancy and their bodies were revealed by two other participants (18%). One was relaxed about the weight gain during pregnancy, did not want to be a thin mother, and she gave an enlightening perspective of what would happen if she did not lose the pregnancy weight: **"It wouldn't affect my self-confidence but obviously it would bother me because ... I'd have to change my wardrobe ..."** (Participant 8). The other, in contrast, had very strong negative feelings about the effect

of pregnancy weight: **“Oh yeah, oh yeah, ogh [sic] I, I *hated* the way I looked, that I will be honest with you, I couldn’t *wait* to have this baby and start going to gym so I can lose weight”** (Participant 11). These two stories could illustrate where one’s point of focus is - on being a mother or on being a woman first and then a mother.

As with the other Basic themes, individual participant stories varied, with some seeing negatives and some seeing positives in the challenges they faced. The above seven Basic themes informed the first Organising theme **Body image dynamics** culminating in the first story line that **“Fat is an issue” and influences vitality**. What was apparent from the various experiences is that participants had personal, subjective experiences regarding phenomena that are experienced by countless individuals around the world but the meaning of the experience was personal to each participant, and the influence on their vitality. The next Organising theme is **Impression to outside world** with one Basic theme.

**Basic theme 8: image.** The concept of image was discussed in the more traditional sense of image as being an external representation of an individual (three participants, 27%), one of whom also discussed image in the sense of what people will think of what is being shown to the outside world. Wishing to show the world that “all is well” at home came with potentially negative implications to the very people at home, but it was not seen in this light. What was seen was the importance of being over-fed, or according to the culture, merely well fed in order to be seen as doing the right thing. One participant discussed the image that families were expected to portray when she was growing up. A child had to be seen to be eating in order to be perceived as happy:

.... for a child to be *happy* and *healthy* the child must *eat* ... you must be *seen* to be eating ... for her [her grandmother] being chubby shows that you are a *happy* child and a *healthy* child basically, it’s not like there was *money* and they could *afford everything* ... if money comes in it would rather go to food than anything else, because kids should be seen as being happy, healthy and to show that they must be a bit “*fresh*” (Participant 3)

This participant mentioned that this viewpoint is changing in some ways and with some people. However, what she revealed about the image of a present-day woman deemed to be in charge of her life, that is one of medium to large build, definitely not thin, is not too far removed from the experiences of childhood: **“... somewhere in the middle, you cannot be (pause) even today I don’t think people expect you to be as thin as ... this models, it’s like, yo!”**, and **“.... but with me for example most (pause) elderly people think that this is the perfect body ... you can be seen to be a *happy* woman ... in charge of your life”** (Participant 3). The similar points of view many years apart speak to the relative power of ancestral thinking regarding the impression on others that weight, shape, size and physical appearance has on such things as the perceived roles of women of different ages, their status in the community, and their occupations, thus potentially creating some conflict between personal views and cultural views.

In similar vein but in contrast to the previous story, a person in a leadership position who is overweight (“fat”, to use the participant’s word) came into focus by a participant who considered this woman unable to lead, having demonstrated she lacks the capacity to control - lead - her own life and her health because she is overweight:

I don’t know if it’s that body image of how you should present, ‘cause [*sic*] somebody will say, how can you lead if you can’t lead yourself to health ...even though I’m doing nothing about it ...at some places you can’t just walk in there’s very few fat people except in government obviously (laughed) but in serious corporate, you should see the ladies ... like the lady that she’s ... a CEO ... it’s now you must be *thin*, then you know that you are really in control of your life and everything, so with the weight ... there are limitations, there’s things that I can’t go into ... [because she is some 30 kilograms overweight] (Participant 7)

Being unable to control things in one’s microcosm was perceived as being unable to control things in one’s larger world, and this participant in particular was seeing limitations for advancement in business for herself personally.

Furthermore, image was revealed to be extremely important in the sense of the impression on the outside world, not too different in concept to the first story but considerably different in the detail: “... **image, the way you look plays a very important role ... people take you serious ... if you say something or if you go do business, whatever ... just looking presentable ...**” (Participant 11). Of additional relevance is this participant’s response to the first research question, “What is your body image?” as it created a conundrum for me, which I discuss in Chapter Five regarding my perception of what the participant might have thought was meant by the concept of “Body Image”. She responded that she has a great body image: “... **overall I think I’ve got a great body image ... I maintain it by going to gym, I’m very physical but I could still improve**” (Participant 11).

Perhaps more than some other themes, this one revealed the various subjective perspectives of individuals, indeed not only those involved in the current study.

This then concludes the report on the second-last Organising theme **Impression to outside world**. The next Organising theme **Effect on perception of weight** with its one Basic theme is the last pertaining to physical wellbeing and appearance, and is discussed below.

**Basic theme 9: clothes.** Clothes play a central role in some of the motivations for weight loss, and as a measure of one’s perception of being overweight clothes were a major finding; the issue is discussed in detail in Chapter Five.

Over half the participants (55%) generally used clothes and clothes size as the benchmark regarding their perception of their weight and the weight of others by mentally and perhaps subconsciously protecting themselves from gaining more weight: “**I restrict myself to a certain size, I think it helps me ... that’s why I say maybe my guide it’s my clothes ...**” (Participant 6). When a particular size was reached, the



insatiability of desire was reflected in wishing to go down to an ever-smaller size: “... **during the loss of weight you’re looking at a smaller size ... you go and buy that so you becoming smaller and smaller, and you’re buying smaller and smaller things so you never (pause) wean yourself off that**” (Participant 5). Even when discussing the health of parents or family, who were overweight, the focus was on clothes size, rather than on weight: “... **they don’t have any health issues ... and they are like 40/44 ... those are what they’re wearing ...**” (Participant 7). Perhaps clothes size is less hidden, more visible than what one sees on a scale.

Weight became bothersome when other people, men at work, made derogatory comments, “... **it bothers me now and again, when I get a *comment*, then it irritates me**” (Participant 7) and when one could not fit into certain clothes, “... **only bothers me when I don’t fit into clothes to be honest ... I need to lose weight because ... maybe we going to Durban ... it would be nice ... to be smaller**” (Participant 7) rather than when health was adversely affected.

Being overweight however did bother some participants. One was ashamed of a particular feature of her body, “... **when I’m that big as well ... it shows the *bums* because they’re big so I have to wear oversized clothes ...**” (Participant 4), while another flaunted it and appears to have gone to the opposite extreme and accentuated that particular feature of the African woman’s body that was appreciated by Black males who comment: “**I prefer you when you wearing your Diesel jeans because they enhance that ... bum shape ...**” (Participant 9). It is unclear why the same genetic feature causes opposing feelings in different individuals - perhaps one individual enjoys the attention, while the other shies away from it.

A curious observation is that in one organisation where there is no discussion about personal issues (discussed under Basic theme 12), evaluating the bodies of colleagues was also done by estimating clothes size rather than estimating weight:

I think we're almost all the same shape (pause), especially the (type of colleague), *huge* ... I mean like size 40, size 42, even I think there's one who's about 44, 46 ... but most of us ... in fact it's only two who could be around size 38 or not even 36, no can't be size 36, maybe 38, but most of us it's 40, I think, 42 (pause), there's 44, 46 somewhere there ...  
(Participant 3)

The issue of using clothes and clothes size to determine one's weight status or to discuss the weight of others is perplexing, and is discussed in Chapter Five.

The above discussion concludes the findings pertaining to physical wellbeing and appearance, and revealed the many different viewpoints and experiences of the individual participants.

The next category relating to the Global theme "Fat is an issue" is emotional wellbeing, with its Organising theme **Thinner people have happier more integrated lives** and its one Basic theme is discussed below.

#### **Global theme "Fat is an issue" - themes relating to emotional wellbeing.**

Figure 2 below shows the Global theme "Fat is an issue" with its Organising theme and one Basic theme, relating to emotional wellbeing.

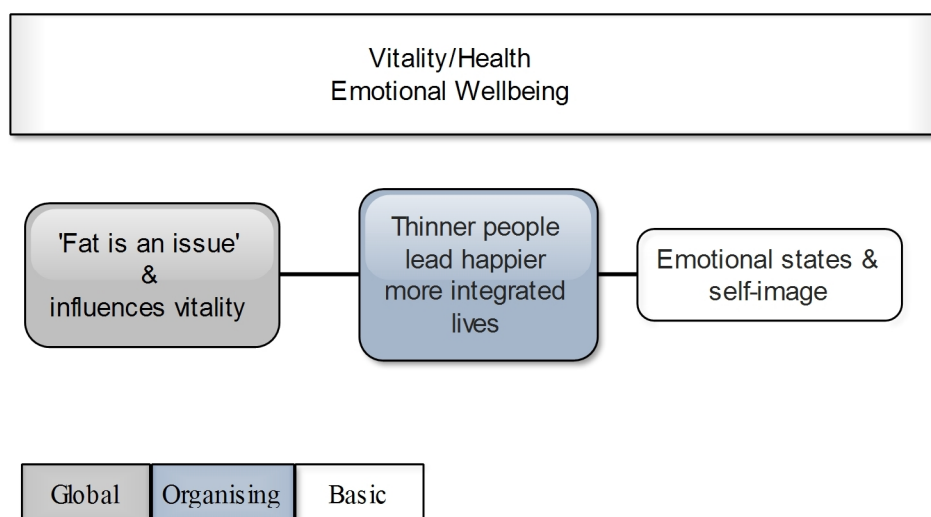


Figure 2. “Fat is an issue”, plus organising theme, and basic theme relating to emotional wellbeing.

For purposes of this study, “emotional wellbeing” is understood to mean one’s mental and psychological health, and mental stability. The Organising theme **Thinner people have happier more integrated lives** and the one Basic theme within that, produced rich and thick data regarding participants’ emotional lives even if not all participants gave attention to the category of emotional wellbeing. Seven stories (64%) produced the Basic theme of emotional states (negative and/or positive), while two participants’ stories also involved distortions to self-image.

**Basic theme 10: emotional states and self-image.** Weight loss resulted in both positive and negative emotional states, and in two cases, participants revealed both. Fluid concepts such as self-confidence, self-esteem, happiness and unhappiness were discussed, as was the notion of not being appreciated or not being given sympathetic understanding.

Beginning with the positive states, weight loss resulted in improved intellectual functioning, feelings of confidence, contentment with oneself, being motivated, and seeing oneself as beautiful and feeling good even if the weight loss was not significant:

“... so at least it’s paying off, one can see that there is a *change*, basically, not

*significant* but there is a change” and “[feeling] Good. Good. Very good. Very good in fact” (Participant 3). Another participant in turn stated: “I’ve gained confidence ...” and “... this is a big difference, makes me feel more confident ... the way I see myself ... even in terms of intellectually ... I perform better than when I was overweight ... feel more ... content with myself” (Participant 10).

In addition, weight loss created positive interactions with others, “... each time they come say ooh, slight improvement from last year you’ve lost a little bit of weight and it makes me feel better and makes me push more to lose weight.” (Participant 1), while another participant stated “...the people will also comment and say wow you look great ... because now you are more beautiful, better ... even the guys you get compliments” (Participant 10).

The concepts of inner strength, self-confidence and self-esteem were raised in various ways. If self-confidence and self-esteem were seen to be because of inner strength, aspects of one’s physicality did not adversely affect either of those:

... you can be thin but you have no confidence in yourself ... low self-esteem and then ... a nice body when you pass people will go “Wow”...but because of the self-confidence and ... because you’ve got a low self-esteem obviously you wouldn’t feel what other people are seeing in you ... you find very fat people that are very comfortable ... (Participant 8).

However, if attached to physical image and appearance, aspects of the self are shaken. When weight is high, self-esteem plummets; when weight is low, it produces positive effects: “... it also affects your self-esteem ... ‘cause [*sic*] when I was pregnant my self-esteem was like (made a sound of something flying down) zero ...” (Participant 11). In addition, one’s level of happiness and confidence were linked to the size of the body:

[when/if she loses weight] *Definitely* because I’ll be happier ... I’ll be happy ... I’ll be extremely confident, because right now I’m not as

confident as I used to be ... I'm not comfortable ... I feel like I'm fat ... it varies ... sometimes you go to places you meet people that will so appreciate your body, your size, your shape, your weight, and I would look at them, there's something wrong with their heads ... I promise you, a lot of people look at me ... they go, wow, you are a beautiful woman, and I don't feel it ... because of how I'm feeling about it ... (Participant 9)

Negative emotional states were experienced when weight disturbed the more natural, desirable flow of life. For two participants in particular, the disruptive effects were intense: **“It is disrupting my life big time”** (Participant 1). Participant 4: **“It makes me feel like I do not belong anywhere”** resulting in a tendency to avoid living life to the fullest, for example by not socialising:

People of my age ... I don't fit in on that one ... this weekend I was in this party, there were these kids, size 6 and ... I look like their mother ... makes me be inside all the time ... I try now avoid as much as I can. (Participant 4)

Furthermore, being overweight corrupted and distorted self-image for two participants in particular (18%) in the way they see themselves and who they are, separate from their self-confidence and self-esteem. Despite compliments and despite encouraging their own children and families, neither of these participants was willing to believe the positive things people were expressing to them: **“No, no they actually say I look good and all that, and I know they are lying so I'll just keep the compliments coming” (laughing a bit)** (Participant 4).

An additional revelation expressed by only one participant was that overweight people face struggles when trying to get attention for their knowledge and not be judged by their physical appearance, **“... a woman who is oversize, no-one believes them, their minds ... in fact, you struggle to draw attention first”**, and they have to expend that much more effort than thinner counterparts: **“This big (her name) always have to convince ten times ...”** (Participant 4). *Researcher observation:* This particular

participant was relating her personal perception that a woman who is overweight faces challenges in business. She stated she is around 40 kilograms overweight.

Another participant gave her personal opinion that an overweight woman in a leadership position is unable to lead, having demonstrated she lacks the capacity to control - lead - her own life and her health because she is overweight. She stated she herself is at least 30 kilograms overweight (reported on under Basic theme 8, Image). This participant was 30 years old at the time of the interview, while the other was 29 years of age. Both saw limitations to their own prospects for advancement in business due to weight status even though one used what she perceived for herself as a limitation, and challenge, citing how she feels she is being treated, while the other possibly projected this onto women leaders who are overweight, while commenting that she herself is not doing very much to bring down her own weight.

Regarding the energy required to lose weight and then to maintain it, one participant, though laughing easily, as did others, summed up the collective challenges of being in a never-ending cycle, and the fatigue that goes with that:

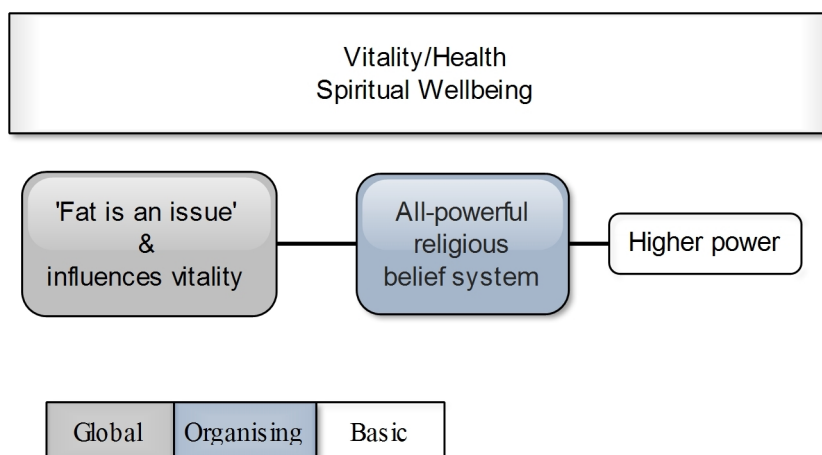
Hey now I'm tired [of dieting] (big, big, big laugh). Ya, ya ... (long pause) I'm not happy to be honest with you ... I've tried all the diets ... tried everything ... you'd lose weight, happy, but then you go back you eat, gain it again, it looks like it even comes back more than previously ... that's how it is ... it, it, it's *tiring*, it's *tiring* ... (Participant 3)

How one feels about something could be seen as a sign of what one is thinking, both negative thinking and positive thinking, and could be a useful indicator of what is working and what is not working in one's life.

The discussion above concludes the report regarding emotional wellbeing. The third category relating to the Global theme "Fat is an issue" is spiritual wellbeing, with its Organising theme **All-powerful religious belief system** and its one Basic theme, is discussed below.

**Global theme “Fat is an issue”- themes relating to spiritual wellbeing.**

Figure 3 below shows the Global theme “Fat is an issue”, with its Organising theme and its Basic theme, relating to spiritual wellbeing.



*Figure 3.* “Fat is an issue”, plus organising theme, and basic theme relating to spiritual wellbeing.

For purposes of this study, “spiritual wellbeing” is understood to mean a belief system that guides one’s values, life path, thoughts and behaviours, akin to religion but not necessarily associated with any tangible, organised, specific, traditional religious teaching.

**Basic theme 11: higher power.** Spiritual wellbeing came from traditional religious beliefs for three of the 11 participants (27%). Viewed holistically, individuals are more than just their bodies, and these participants chose religious belief systems - God, Christianity, Jehovah - to be not only their moral compass “... **it’s because I’ve been guided by ... the way I was brought up at home putting the bible first, putting Jehovah first ... God is watching ...**” (Participant 8) but also their comforter and a positive, healing force in their lives.

When Christianity found her, one participant's temperament changed from an individual being feared by her daughter's friends to being seen as beautiful and living with the times: **"... your mother is so cool ... she wasn't like this then, and you even look beautiful now"** (laughs a lot) (Participant 2). In addition, for this participant the cultural experiences and cultural expectations are overshadowed by Christianity, which, according to the participant, deems body weight, shape and size irrelevant.

Participants referred to the supportive nature of a higher power: **"... I'm a believer ... because you doctors are failing, I'm going to ask for Divine intervention, I called my father who is in heaven, and here am I, no open surgery like they said they were going to ... do"** (Participant 1). This participant believed that calling upon her **"father in heaven"** had saved her from having to have open-heart surgery, which had been a possibility due to the state of her heart as a result of being obese. She was of the belief that a higher power did what the medical fraternity could not do.

Whilst not directly related to weight management issues, for these participants their religious beliefs provided enough comfort and guidance to help them negotiate their way through various challenges, including in one case, the possibility of having to have major surgery due to her obesity.

The above discussion then concludes the report relating to spiritual wellbeing. The fourth category pertaining to the Global theme "Fat is an issue" is productivity/work, with its Organising themes **Tolerant work environments** and **Internal resourcefulness**, and their Basic themes, and is discussed below.

**Global theme "Fat is an issue" - themes relating to productivity/work.** Figure 4 below shows the Global theme "Fat is an issue", with its two Organising themes and its Basic themes, relating to productivity/work.



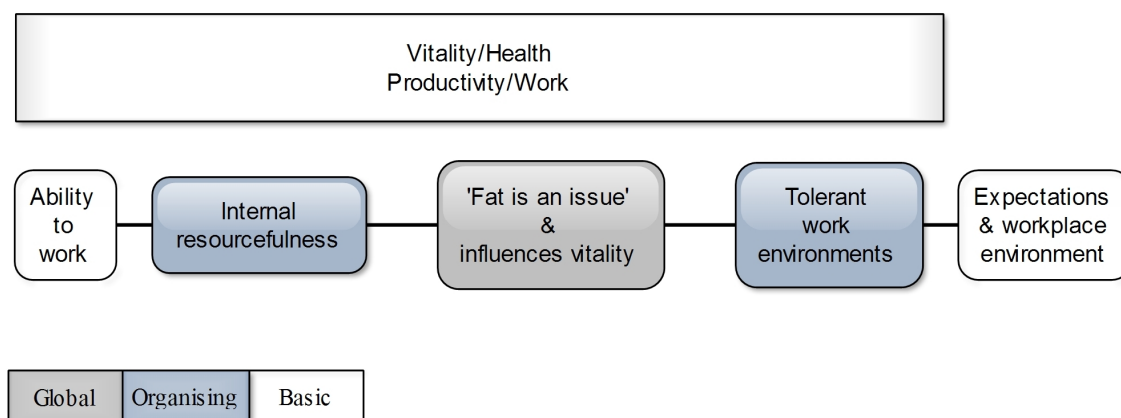


Figure 4. “Fat is an issue”, plus organising themes, and basic themes relating to productivity/work.

For purposes of this study, “productivity/work” refers to the workplace, and the extent to which overweight plays a role in the working lives of the participants, to any expectations regarding physicality, and to any tensions experienced in this environment. As one of the primary areas of exploration of the current study was the workplace and issues regarding cultural expectations, these themes were given attention by all 11 participants.

The report begins with the first Organising theme **Tolerant work environments**, and its Basic theme.

**Basic theme 12: expectations and workplace environment.** Endeavouring to find meaning behind participants’ responses regarding something objective and impersonal such as the rules of a company is counterintuitive. This was another aspect of the study where participants were not personally involved, and in addition, none had any direct experiences of tensions aimed at them personally. The best analysis that could be done therefore was to conclude that while personal prejudices and preferences might exist, the answer to the research question about whether there were any expectations in the workplace is “No”. In support of that conclusion, however, the findings are reported on

with verbatim quotes like the rest, based on the rich accounts of participants' working environments, including those isolated instances of tension not aimed at them.

Perhaps because of anti-discrimination laws alluded to by three participants (Participants 5, 7, 10), across the board, there were no formal perceived expectations from the companies, organisations or senior management regarding physical appearance in the workplace; however, tensions in the workplace were revealed in two isolated cases where the participants were involved but were not the target of these tensions.

Whereas participants stated that in their experience there were no expectations from any of the 11 companies or organisations, what differed in the various workplaces is that there was some discussion about weight, shape, size, and appearance among colleagues in four (36%) organisations (2 private sector, 1 parastatal, 1 public sector), and no discussion about weight or other personal issues - professional boundaries – in one organisation (public sector), while in the remaining six organisations (54%), the issue of discussions did not come up in the interviews.

In five companies no expectations or experiences were reported in the interviews (45%), while in one organisation (private sector), employees are encouraged to make healthier choices: **"They'll always encourage it ..."** (Participant 9). In another (private sector) that is focused on personal care and beauty, individuals are expected to be a representation of the company by way of cleanliness and attractiveness, but there are no expectations regarding body weight, shape or size: **"... what they look at more is the face ... to represent the brand ... because you are selling something ... they look at cleanliness and beauty but the weight it was never an issue to them"** (Participant 8).

In two organisations (one parastatal, one private sector) there is an unspoken culture of health consciousness, fitness and taking care of oneself, **" ... people do take care of themselves ... they don't look their age, they look a little bit younger, they**

**going to the gym, eating healthy ... they look the part of the organisation”**

(**chuckled**) (Participant 6), while in the other the younger age group in the entire company results in individuals being more inclined towards wellness: “ **... everybody’s health conscious (chuckled) so we don’t have anyone who’s overweight in the office ...**” (Participant 11). This participant in addition referred to a personal ethos regarding the responsibility of employees to themselves and to their employer to look presentable in order to be taken seriously: “**... your employer trusts and believes in you that you’re gonna [sic] go out there and sell your products ... the way you look ... it says a lot to the next person ... we meet people in high positions**” (Participant 11).

In another company (private sector), it is left to individuals to decide what is appropriate in terms of appearance but what was different in this participant’s story is that she spoke of different expectations elsewhere, for example, as a consultant, in a different company. In her current position and in her current company, there was no expectation except that one should be dressed appropriately, “**... as long as you’ve covered ...**” (Participant 7) but if she had a consultant’s position in a different company, she would need to make changes to her appearance: “**... but where I wanna [sic] go in the future ... the way I’ll be expected to wear like a suit or something**” (Participant 7).

Whilst there were no formal expectations in any of the companies, in one organisation (public sector) there was an expectation from a senior department head (a participant) for herself and her sub-ordinates to be well-dressed, “**I wouldn’t say the expectations from the employers, but it becomes the part of work that you do ... it’s mainly how do you look in front of people who matter ...**” (Participant 5) as well as a personal preference for subordinates who were not well-dressed rather than subordinates who were “fat” (participant’s choice of word). The rationale was that people could be taught to dress appropriately, whereas overweight individuals would need to address

personal challenges themselves, perhaps in the way a chef with a good palette but bad presentation skills can be taught to dress a plate for more appeal and to look more professional.

In two organisations (both in the public sector), there were isolated incidents regarding an overweight member of staff, where the two participants in the study were not the target of the tension but were involved in some way. I wish to report on these individually as they speak directly to the subject of psychology and the study of human behaviour.

In the first incident, an overweight member of staff was labeled lazy apparently due to her being overweight:

... it was mostly African colleagues working, there was this lady who was overweight ...the boss would always complain to say ...this one is *lazy* because of her big weight ... and also will interfere ... that boss [from another section] to say no you are being unfair ... to this woman ...  
(Participant 10)

The second and last incident revealed in the current study occurred in a different company and involved an employee who was obese. This story revealed additional practical issues relating to being overweight, for example, endangering lives by not being able to drive a car properly, “ ... **she was *humungous*, well dressed, but *humungous*, get into a car ... she can’t drive because the steering wheel gets in here (showed me between the thighs) ...**” (Participant 5), as well as the negative impact on colleagues who had to carry the workload resulting in bickering, and resentments: “ ... **now when they come back they start fighting ... it was too much ... so if I were to say there was an effect here in the workplace for me that was it ...**” (Participant 5).

Added to this was an attitude of “entitlement” perceived by the obese woman’s colleagues that others should attend to her needs and wants for her: “... **we did not pick up any illnesses but laziness it was *unbearable* ... please bring this and this for me ...**

**and it's all because of weight ...**" (Participant 5). The story also revealed how obesity appears to bring out individuals' intolerance and focuses their attention on all that is negative about a person, which does not foster understanding and is a source of tension in the environment. The inability to do her job to the fullest extent and the tensions it caused, resulting in a transfer is in contrast to the situation discussed by another participant whose size prevented her from carrying out certain of her duties but she found a way (see Basic Theme 13, Ability to work), though one can do no more than speculate as to why one person would find a way to do her job while another would not.

Regarding discussions about issues to do with weight and wellness, these appeared to be varied and lively in those organisations where any discussion took place. Discussion revolved around weight and related issues, weight loss products, herbal drinks, successes with weight loss efforts and how women can sometimes be dissatisfied with their progress; and physical activities, Internet, and other forms of technology as a means of learning more, as well as seeing and discussing what others are doing. The quote from one participant reflects the overall character of the interactions.

There's a lot (chuckled) ... to say what's your secret I've been watching you, you [unclear] lost so much weight, what are you using, let's share ... then you'll see another one who'll also ask wow you've lost what are you using ... different programmes ... you know as women don't be satisfied ..... maybe I shall try that one is more quicker ... (Participant 10)

What is noteworthy regarding discussions about issues to do with weight and wellness in the workplace, is that in the one environment where the participant said there are no discussions about any personal issues including weight (in contrast to the environments where the issue of discussions did not come up in the interviews), **"And to be honest, come to think of it, we never talk much about *weight* issues and all that, it's like (pause) ... we never talk much about weight issues ... your, your weight problems are yours (pause), that's it"** (Participant 3) as everyone is there to do their

jobs, **“Here you are here, you do your job, that’s what you’ve come here for ... it’s not a conscious thing ...”**, there were nevertheless numerous overweight or obese people, both male and female in very senior positions on the same level as the participant.

The participant was confounded by the fact that the topic of weight never comes up in the work environment, something she had not thought about before the current study, which speaks directly to the concept of Authenticity discussed in other chapters. To quote this participant: **“ ... it opened up my eyes to ... things that ... were *obvious* but not (pause), noticeable ... let me not say not noticeable because they are noticeable, but you don’t just apply your mind to ... these issues”** (Participant 3). To sum it up, in the participant’s words: **“We shut our eyes.”** As a researcher, I had to ask myself if we feel that shutting our eyes or not discussing issues alleviates them in some way.

In summary, there were no formal expectations regarding weight, shape and size in the working environments represented in the current study, and overall the environments themselves revealed tolerance towards issues of weight.

This concludes the report on the workplace environment. The last of the Organising themes relating to productivity/work is **Internal resourcefulness** with its one Basic theme, and is discussed below.

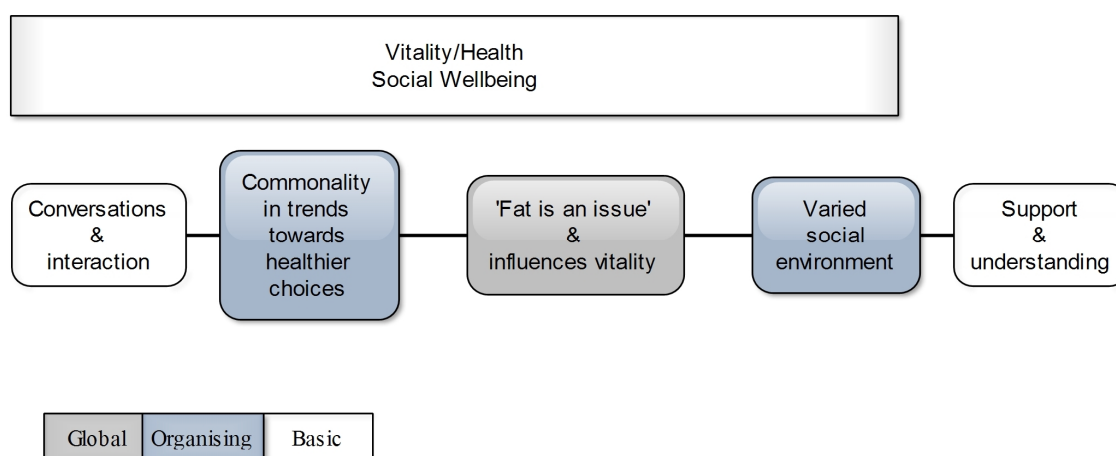
***Basic theme 13: ability to work.*** Challenges regarding their ability to perform their jobs were discussed by three participants (27%). Regardless, all 11 participants were holding down demanding jobs, but for some participants being overweight was shown not to be helpful in fulfilling the responsibilities of their job descriptions in their current situations. One could not work, as she wanted to when she was overweight, tired and feeling poorly, **“So I didn’t pay much attention to some of the things ... because also I was getting sick ... and most of the time you’re not at work, you can’t be**

**productive you know”** (Participant10) but said that once she had lost weight, she had more energy and could be more productive: **“I’ve lost weight I’ve got more energy so I think I’m on the ball ...”** Another showed determination to do her work by finding creative ways to carry out one aspect of her current job that she cannot physically do, **“I don’t do it! I have to go up there and take pictures, I depend on the pictures. Yes.”** (laugh) (Participant 1), while the third commented that if she were to gain more weight, physically doing her job would be an issue: **“... I just don’t think if you’re big it will help ...”** (Participant 7).

The above showed there can be consequences to being overweight in the working environment regardless of whether or not individuals can still fulfil their job descriptions.

This concludes the report on the category productivity/work. The last of the categories pertaining to vitality and health, is social wellbeing with its two Organising themes **Varied social environment** and **Commonality in trends towards healthier choices**, and their two Basic themes discussed below.

**Global theme “Fat is an issue” - themes relating to social wellbeing.** Figure 5 below shows the Global theme “Fat is an issue” with its two Organising themes and its Basic themes, relating to social wellbeing.



*Figure 5.* “Fat is an issue”, plus organising themes, and basic themes relating to social wellbeing.

For purposes of this study, “social wellbeing” is understood to mean the individual’s ability to interact with others, give support, be supported, communicate, and socialise. The report begins with the first Organising theme **Varied social environment** and its Basic theme.

***Basic theme 14: support and understanding.*** The support and understanding that participants experienced from their families regarding their weight issues varied. Eight participants (73%) discussed this issue, making it the second highest Basic theme that was prominent in the lives of the participants (apart from those that related to the three core concepts of the study). The most prominent theme also related to support, in that instance, supporting others in the form of mentoring and being a role model (discussed under the Global theme, **Knock-on effect culminates in a wish for ‘a better life’ for themselves, their children, and extended family**), perhaps indicating that weight gain does not occur in isolation and efforts to lose weight also do not occur in isolation.

Social wellbeing in the form of support and understanding was experienced by having supportive, encouraging families. In some instances however there was also lack of understanding about the specifics of weight gain, sometimes with comments that it is from having the means to indulge oneself in less-healthy alternatives, “... **they think nice life and because you can have money to buy everything ... now you have resorted to fast foods**” (Participant 1), while support from parents could be evident but with back-handed motivation: “... **you’re still young, don’t let yourself gain weight and look like you’re fifty when you’re thirty ...**” (Participant 11).

Three participants (27%) shared how their husbands supported them by being active participants in the chosen healthier lifestyles, noticing the results of their wives’ efforts and verbalizing it, and by being encouraging, and accepting their wives as they



are, **“With my husband (pause) like the way I am now, he, he, he never complains ...”** (Participant 3) and by expressing their pride and satisfaction: **“... this is my wife** (puffed up chest/proud voice) (big laugh) **... can you see this woman, she is my wife”** (big smile) (Participant 3). In the words of two participants: **“I’m together with my husband on this, we’re both very weight conscious”** (laugh) (Participant 5); another participant in turn shared, **“... so both my husband and I we jog, we go to gym”** and **“... even nice when your husband comes home and says ooh baby, you’re looking nice ... love the way you look”** (Participant 11).

Weight loss with encouragement appears to have served participants well. Support was also forthcoming though in a confusing way when one participant’s husband did not see a problem with his wife being overweight and suggested she could just focus on losing weight around her abdomen, **“... the stomach ... not everything ... for him, I wouldn’t even have had gym membership or anything ...”** (Participant 7) yet on the other hand appears not to fully support her efforts at weight loss: **“... then it gets difficult ... ‘cause now you’re trying to do this and then he’ll say ... today I feel like ribs ... if you have that kind of a person it’s not gonna [sic] be easy”**. One can but speculate as to individuals’ awareness and not becoming mired in the complications of certain aspects of life, nevertheless cause confusion for those around them.

Even though the following two stories may not have been typical of the group as a whole based on what others shared, they are meaningful and speak to human behaviour and emotions, which is why I have included them in the report. One participant spoke of her former “husband” (her “ex”) and of her current boyfriend whose view of her is markedly different to her former husband’s, who had issues with her weight and wanted her to go back to the body he knew: **“I remember when we used to fight, he used to say to me, this was not what I signed up for, I never signed up for this, never this**

**big ...**” (Participant 9). In stark contrast, her current boyfriend appreciates her and loves her body, and is supportive of her desire to lose weight but would prefer her to maintain the features of the African woman’s body: **“... he looks at me and he sees a princess ... I’m appreciating that you want to lose weight but ... lose just this much, not a lot, like don’t let anything happens to those curves, to that bum ...”** (Participant 9). Not being accepted for who you are and then being appreciated for who you are requires one to have inner strength so as not to be totally influenced by the opinions and prejudices of others despite the emotional pain it might cause.

The second story relates to contrasting experiences shared by a participant whose older son did not want his mother to be seen around his friends when she was overweight: **“I was taking him to school, or I was picking up and he said no mum don’t get out of the car, I said why, he said no mum I’m afraid my friends will see that you are big ...”** (Participant 10). She revealed her sadness that it was her child who was commenting in this way:

I felt *bad* ...but I took it to say it’s my child (chuckled) if it comes from him ... I didn’t feel that much bad if it was coming from a strangers ... I also realize as children ... they have expectations about their parents to ... look like ... (Participant 10)

When she began losing weight, he said that she is beautiful again, **“... he say ooh, mum I can see that you look beautiful again”**, perhaps revealing some fixation on outer appearances. This particular child had begun to gain weight and was being teased at school, and the interpretation of possible dynamics involved is discussed in Chapter Five. This participant’s youngest son, however, was very supportive of her regardless of her appearance: **“... my younger one is okay, he’s very supportive ... because even when this one mocks me he says no mum don’t mind him, this one is mean ...”** (Participant 10). These views speak to the possibility of underlying challenges within people that

could cause them to project their insecurities and dislikes onto others, or conversely their sense of security causing them to be supportive. An alternative possibility could be the development level of children, causing them to take more notice of issues such as weight.

The above stories reveal the interdependent nature of human interaction, in line with Constructionism (Gergen, 2001, p. 805, cited in Morrow, 2007).

This concludes the report on support and understanding pertaining to support from one's family. The last Organising theme pertaining to social wellbeing is **Commonality in trend towards healthier choices** with its one Basic theme, and is discussed below.

**Basic theme 15: conversations and interaction.** Conversations in this theme differ from discussions taking place in the workplace and together with interaction occurs amongst friends and contemporaries, as opposed to colleagues. Furthermore, this theme was identified as being distinct from the previous one about support and understanding because the interactions with friends and contemporaries had a commonality of interest in healthier choices. With the families of the participants, there was not necessarily a specific interest in healthier choices, except for two participants and their husbands.

Four participants (36%) discussed having varied social conversations and interactions regarding weight, diets, and trends with friends and contemporaries, including bets for most weight lost regardless of whether they are all the same age, in the same industry, or the same shape, size or weight. Finding inspiration and comfort in likeminded people, all essentially having the same aims could strengthen one's resolve. The words of Participant 3 speak for the rest:

We *do*, we *definitely* do, and if we find something interesting we send each other, hey, look at this, check this one out ... say hey wena, you're busy going down, what's happening, give us a *tip*, you know I say to them you know I just read this article and this is what it saying so this is what I'm doing (Participant 3)

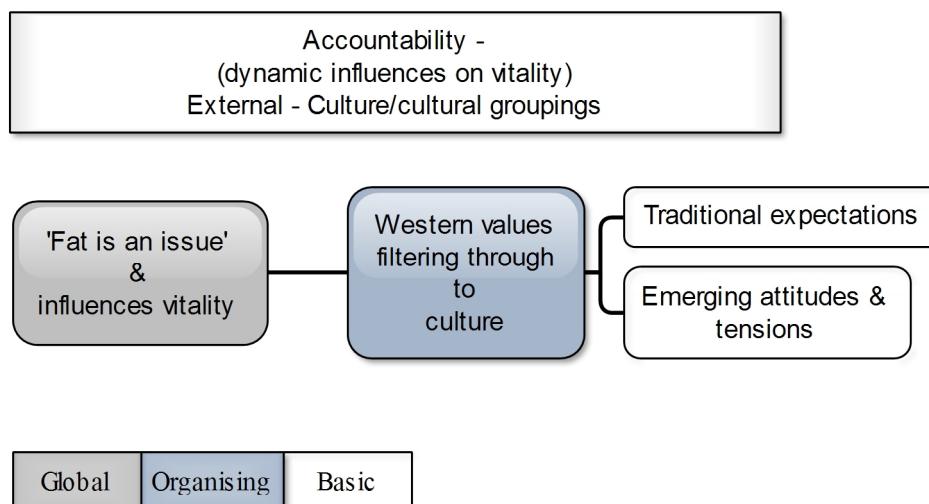
Of additional interest was the issue of peer pressure, resulting in panic behaviours and crash dieting, and sharing the results of weight loss as a means of validation and a sense of accomplishment: **“You can’t wait to go see your friend so they can see how good looking you are ...”** (Participant 11); and:

... we meet once a month ... you want to lose weight so that when you get there there’s this praise, that ooh this month ... yes, yes, so there’s quite a lot of pressures ... and it influences me make no mistake specially a week before I go I need to be in shape ...I’m going on like mad (big laugh)  
(Participant 5)

Contrary to literature (Christakis & Fowler, 2007; 2011), interactions between participants in the current study, and their friends and contemporaries did not result in individuals becoming overweight together with their overweight peers.

This concludes the report on the findings for the Global theme “Fat is an issue” and influences vitality for the category of Vitality/Health. Below is the discussion regarding the Global theme “Fat is an issue” for the category of Accountability (dynamic influences on vitality) relating to external and internal issues of culture/cultural grouping, environment, then and now comparative, and mindset. The discussion begins with the external influences.

**Global theme “Fat is an issue” - themes relating to external - culture/cultural groupings under the category Accountability (dynamic influences on vitality) hereafter referred to as ‘Accountability’.** Figure 6 below shows the Global theme “Fat is an issue” with its Organising theme **Western values filtering through to culture** and its two Basic themes.



*Figure 6.* “Fat is an issue”, plus organising theme, and basic themes relating to culture/cultural groupings.

For purposes of this study, “culture” refers to “The sum total of the ideas, beliefs, customs, values, knowledge ... handed down from one generation to the next in a society” (Oxford Dictionary of Psychology, 2009, p. 184).

As one of the primary areas of exploration of the current study was the cultural expectations of a particular group of individuals, these themes were given attention by all 11 participants. Whilst overall there was a traditional preference for fuller-figured women, except in the Tswana ethnicity, integrating the findings would not accurately reflect the participants’ experiences, and assist us in living up to the ethos of the study to understand others and ourselves better. In this section therefore, the findings from each cultural grouping have been reported on separately.

Culture is another objective concept that participants merely inherited. They are of a particular culture, which they cannot change; but what they could and did change was how they applied the traditional thinking to their present-day lives and actions. In this way, they were a little less at the mercy of their heritage, which was something outside of their control.

**Basic theme 16: traditional expectations.** All participants revealed informative details of the particular traditional or cultural expectations of their respective ethnic groups. One of the participants was Tswana, five (45%) were Zulu, two (18%) were Northern Sotho, one referred to herself as Pedi, which others said is the same as Northern Sotho, and two (18%) were Xhosa. Whilst the Pedi participant referred to herself as Pedi, this cultural grouping is the same as Northern Sotho, and the findings of the three participants (27%) are integrated.

*Tswana cultural grouping.* According to the participant of Tswana heritage, by tradition Tswanas are small- to medium-built, and any overweight Tswanas are the product of mixing cultures: **“... those who are fat it’s because of you know ... cross cultures but a typical Tswana woman it’s nice and slim, a typical Tswana woman we are well-built, medium-built”** (Participant 1). In contrast to the genetics and traditions of her culture, the participant is obese and felt on the periphery of her culture because of this: **“I’ve never seen a Tswana woman being obese. This is the first ... if I go to my village, they are look at myself what happened to you?”** (Participant 1).

Whilst this participant is different to the participant (Participant 4) who said she felt she did not fit in with people of her own age group because she is overweight, their stories raised awareness regarding people who are overweight feeling they do not belong, even when it is with people of the same age or of the same heritage.

A Zulu participant with a Tswana husband stated that while Tswanas are generally thinner, her husband preferred her to be overweight. She discussed with him the notion that if her being overweight posed less of a threat (to him) in terms of her fidelity than her being thin:

Mostly their women are expected to be thinner ...but ... the environment as well and the places they’re staying, my husband is quite happy, he used to tease me and ... say, when I met you, you were so *fat* (smiled) and I said I was *never* fat ... sometimes he gets worried I start saying I wanna [*sic*] lose

weight, and he says [unclear] so you just saying that because ... there's ... threat if I lose weigh ... he says no it's not about that, it's just that I like you the way you are ... (Participant 8)

*Zulu cultural grouping.* According to participants, the traditional cultural expectation for Zulus is that women must be full-figured, but additional insights were shared:

- It is the Zulu men who like their women to be big but the women themselves are nevertheless comfortable with that: **“In our culture, I’m Zulu and our men like us big ... but otherwise in our culture, the Zulu culture, we are comfortable as we are”** (Participant 2).
- Even if a Zulu woman is thinner, she is still expected to have a certain shape: **“... you’ll find that even if they’re Zulus and they’re thinner, in terms of culture when you’re a Zulu you are expected to have the curves ... a bit of bums, to be curvaceous ...”** (Participant 8).
- Using small plates for food and small portion-size are not part of the Zulu culture; also that with more food in sight, weight gain is likely:

... you’re not allowed to put just this much ... (showed small portion) and say you’re serving a person ... because you don’t know whether this person is hungry or not ... even the plates with us we’d have just side plates, it’s only now ... the big plates ... if you get to *any* family of our culture you’ll get the fuller plate for food ... small ones are just for cakes ... it’s only now that you realise that if you put a bigger plate, you bound to fill it up. (Participant 5)

- Regarding the olden days and the notion in the Zulu culture that certain lifestyle diseases did not exist, people’s views about health are changing (discussed under Emerging attitudes below).

*Northern Sotho/Pedi cultural grouping.* Participants revealed that the cultural expectation of Northern Sothos/Pedis is also one of full-figured women. Three

participants shared personal anecdotes, the first from her wedding where unlike her family she is slim:

... my family they big ... I remember when I was getting married I had a lady who I worked with ...(chuckled) (and animated) ... when she got to the wedding ... I think she asked me three times, are they your sisters, yes ... but they are not like you ... the shape, the size ... everything, is not like you ... because they have... big bottom ... and ...are not shy to accommodate who they look like, my mum was big as well, so I think I was the only one who was a little bit skinny. (Participant 6)

For the other participant, the emphasis growing up was on food, and people had to be full-bodied: “...with my granny, yo! you had to be *fat*, my aunts ... especially my maternal family, they are *obese* basically, my own, I mean like they are *huge* and there was emphasis on *food* at home” (Participant 3).

The third Northern Sotho participant, who referred to herself as a Pedi (same as Northern Sotho), shared her personal perspective regarding the fact that whilst this culture expects a full-figured woman she believes they are lying because of the influence that the United States has had on the way South Africans look at themselves:

They believe in a full-figured woman, but I know they are lying ... this thing changed, the American came with that ideal woman, that woman was Halle Berry (laughed) ... she had six-pack ... the whole [unclear] changed even the how we look at ourselves ... (Participant 4)

*Xhosa cultural grouping.* According to participants, the traditional expectation for the Xhosa ethnicity was also for fuller-figured women with the same curvaceous shape as for the other cultural groupings: “... **Xhosa culture women supposed to be *big* and plumpy [*sic*] ... they like us with curves (chuckled) with love handles ... (chuckled) something to hold onto ...**” (Participant 10).

Based on participants’ statements, it would appear that traditional views generally are that being overweight equates to being happy and prosperous, and whilst participants are aware of the norms of their respective cultures, they themselves have allowed outside



influences to direct their lives towards healthier lifestyle choices and a desire for lower weight. Despite strong traditions and traditional expectations in the cultural groupings represented in the current study, some participants discussed changing trends and emerging attitudes, while two others discussed incorrect perceptions about the desire of African women to be overweight. These are reported on below.

***Basic theme 17: emerging attitudes and tensions.*** Emerging trends were discussed by four participants (36%). Various ethnicities are interacting with other ethnicities, resulting in new ways of thinking and new ways of living, not only for the participants but also for others. People are becoming aware of the health aspects of being overweight; and cultures are intermingling and being influenced by others' points of view: **"... it's not like that anymore ... now we relate with other cultures ... when you go to other tribes ... it comes from the inter-cultural activities ... they have been more exposed to different cultures, so it influences them"** (Participant 2).

Furthermore, Western values are filtering through to traditional cultures: **"... the Americans has *changed the whole* perspective of how a woman should look, everyone has to be, if we say full-figured they have to look like Beyonce"** (Participant 4) and **"Americans came with the picture of Halle Berry ... this is the ideal woman ... even I as woman look ... is comfortable in her space, she can command her presence because she feels good with what she has"** (Participant 4).

A discussion of interest referred to the notion that in the olden days certain diseases did not exist but that individuals are now becoming aware of lifestyle diseases. It is unclear if these diseases did exist but their cause was not attributed to lifestyle, or if emerging awareness is causing individuals to see things that were always there but somehow "hidden":

... if you're not big then they assume your husband is not taking care of you ... then there were no such things as diabetes, or heart whatevers ...

cholesterols, they were not there, but now things have changed ... I think now ... they also aware ... what's going on around us, so they know if you big, you got more chances of being sick more often ... than when you small ... (Participant 11)

It was revealed in addition that some African men were beginning to “appreciate” thinner, smaller women: “... **the times are changed evolving ... now your (pause) ... up and coming ... some ... African guys ... I think more especially the younger generation tend to appreciate small**” (Participant 9). Of additional interest is what one participant said was a transformation away from saying “**big is beautiful**” (Participant 10) and the double standards being applied, whereby women were now being expected to be slimmer, while their husbands could remain overweight. In the words of a Xhosa participant:

... there's more expectations on us as women to look slim and trim and what-what, rather than on our men ... because if the man has got a big belly there's no problem ... somebody won't comment about it, but if you are a woman who gain a kilo ... even the husband will comment (Participant 10)

In addition, two participants disagreed with what they indicated were general misperceptions that African women wish to be overweight, and are happy with it. One asserted a lack of empathy and understanding: “**There's no understanding. I promise you (pause) it's not a racial thing when I say this, they think that Blacks likes to be fat ...**” (Participant 1). A striking account was given by another participant who gave an example of a local talk show host whom she challenged about her authenticity in saying she was happy when she was overweight:

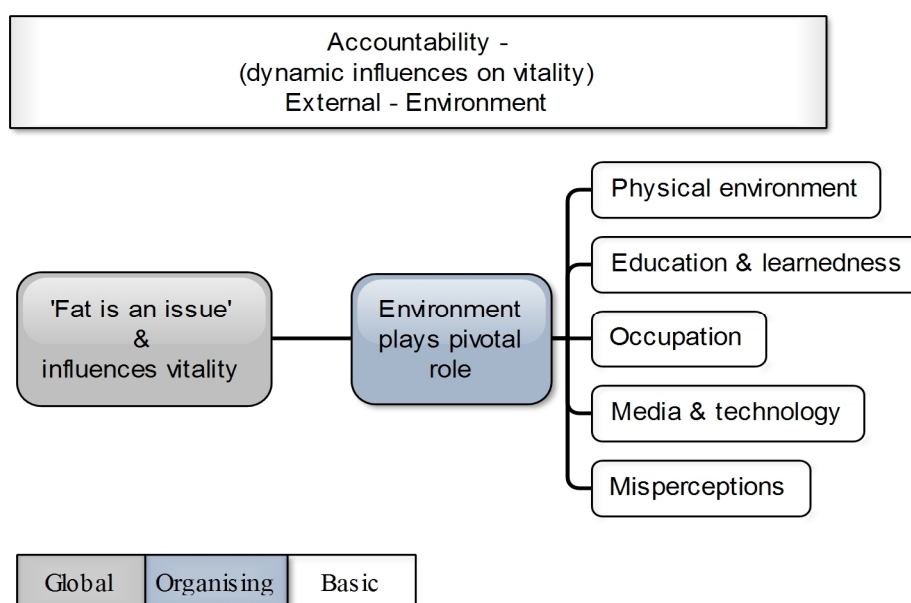
I'm giving you ... a very psychological example ... she was big and she kept saying she was happy, she was *lying* ... I saw Monique ... looking very good ... still full figure woman but she looked healthy unlike the time when she was obese ... in the movie where they said Africans like ... fat people ... it's so not true, an *unhealthy* body and a *obese* body or overweight body (Participant 4)

One could perhaps deliberate about whether or not participants experienced cognitive dissonance because of the traditional expectations of their respective cultural groupings, and the trends away from those, particularly as the participants were following the trends. From the interviews, however, the participants demonstrated balance between the traditions and the trends by making conscious decisions about which to retain, and which to discard. They appear to have managed these by moving away from their childhood environments, attaining higher levels of education and being in occupations that were of higher status than those of their families’.

This concludes the report on external dynamics of culture and cultural expectations influencing vitality. Another external influence on vitality is from the environment. The Organising theme **Environment plays a pivotal role** with its five Basic themes is discussed below.

**Global theme “Fat is an issue” - themes relating to external - environment.**

Figure 7 overleaf shows the Global theme “Fat is an issue” with its Organising theme and its five Basic themes, relating to environment.



*Figure 7.* “Fat is an issue”, plus organising theme, and basic themes relating to environment.

For purposes of this study, “environment” is understood to mean any external factors that affect an [individual’s] development or behaviour (Oxford Dictionary of Psychology, 2009, p. 253)

***Basic theme 18: physical environment.*** The physical environment in which one lives, as a unique and separate concept from cultural influence, and the environment in which one used to live was discussed by four participants (36%). Without exception, all spoke of how they (and others) evolve when they leave their old surroundings, where people do not know anything better, “... **they never been exposed to another life so to them that’s the only life, that’s all they know**” (Participant 10), as well as how others who remain in their place of birth appear to have been left behind in terms of not being at healthy weight or having prosperous lives. This was a source of concern: “... **there’s no progress as such in their lives ... which is very disturbing to think that we went to the very same school, we had the very same opportunities ... they don’t catch up in their selves in terms of their education, their lifestyle** ” (Participant 10).

The current environment and the importance of surrounding oneself with like-minded people were cited as having an influence: “... **and the people that you surround yourself with ... it plays a very, very big role**” (Participant 11). In the words of another participant, one’s intelligence is also influenced in a positive way: “... **the more exposure you get in the worlds we live in ... the environments that you work in, and we go to school ... we tend to be more intelligent, we get smarter ...**” (Participant 9).

The participants all took risks by moving away from their childhood environments to negotiate new environments in order to develop and progress. To sum up the overall view regarding participants’ lives now that they are in a different environment and the motivation behind wishing to change their environment:

I think I ventured *more* ...into what's happening out there, than just ...being *defined* by the culture ... to say women have to be like this or whatever ... I looked at other things ...what life presents to me, to say I can do better, I can do more ... I can grow more, I don't want to be limited ... I want to be *independent* (Participant 6)

Participants discussed the positive influence on their children, and one in particular gave insights regarding children speaking English because of where they live, and where they go to school, and the effect this has on others not in the same environment:

... my kids all speak English because of the area that we live in ... we go to White schools ... if we go to [family home] with my kids ... a lot of people tend to think wow ... they feel it's, really, they speak English [participant put on a snobbish type of accent] ... which for me is the norm, so that's what I'm, different, same culture, same culture make no mistake but different environment (Participant 9)

The environment was of paramount importance in the lives of the participants, who, without fail, talked of the effect it had on them.

This concludes the reports regarding the physical environment. The second Basic theme that is a dynamic influence on vitality is discussed below.

***Basic theme 19: education and learnedness.*** Possibly somewhat redundant given the sample of the study, six participants (55%) nevertheless discussed the contribution of education to their lives, and how they think differently: **“... she'll [referring to her mother] tell me not to lose weight because I'm perfect”** and **“.... tell me ... why am I eating brown bread rather than white, white is much nicer ... it also depends ... at the level of education, I think we've all got influence ...”** (Participant 9). Four of the six (67%) mentioned they were the first in their families to get a tertiary education. In the words of Participant 11, **“... both my sisters never got to go to tertiary, I'm the only one who got that opportunity ...”**, while Participant 3 stated that she was the first professional woman in her family, **“I think I was the first professional**

**woman, in my family, maternal ...**”, and she cited this as possibly being one of the reasons for her having become a role model and advocating healthier lifestyles.

I differentiated the concept of “learnedness” from education in order to embrace and reflect a level of enlightenment that does not come only from formal education. Awareness was cited as making individuals wary of being overweight. In the words of one participant: **“It’s only now that people are ... afraid of being fat but fuller figure is still there, but being fat because now people are getting a bit enlightened ...”** (Participant 5).

Not far removed from education and learnedness is occupation, which is the third Basic theme pertaining to the environment, and is discussed below.

***Basic theme 20: occupation.*** Where one works and one’s occupational position were cited as having influence on one’s lifestyle by just one participant. Considering the employment level of the participants, and the dramatically different economic landscape in South Africa, one would have expected more participants to mention occupation. This omission could be because their level of occupation was seen to be because of their education, and perhaps it would be redundant to speak about it, or it was seen as part of their experience regarding environment, or it could have been because of their collective and individual humility.

Regardless of the reason, having drawn comparisons between one’s physical working and living environment, and education, and that of their families’, drawing a comparison with one’s occupation and that of families’ was not far removed. The details from one participant nevertheless shed light on what might have been her own subjective justification for her sister’s weight status in that she interpreted her overweight single sister’s less exalted occupation and lifestyle as “something missing” in her life, which has resulted in her being unmotivated to lose weight even though she has a child: **“... when**

**there's something missing in your life, people vent in different ways, probably then she's comfort eating ..."** and **"... obviously the *work* levels ... it's different ... I get to sit in the office, I have my own car ... all things, so ... our lifestyles ... "**

(Participant 11). From this participant's story, the message I got was that this participant placed high value on the type of occupation one has, and together with one's environment, one's outlook is very different, which was echoed by other participants.

The fourth dynamic influence affecting one's vitality that comes from the environment is media and technology that pervade our lives. These were mentioned by participants as additional factors in the external environment, and are discussed below.

***Basic theme 21: media and technology.*** Both media and technology were cited as playing a role in changing perceptions by five participants (45%). With more access to things previously out of reach, and with technology so prominent in modern lives, it would have been surprising if no participants mentioned media and technology.

Participants spoke of the influence of television in changing individuals' buying habits, **"... TV ... it *does* motivate because they will show this *nice* clothes worn by slimmer people ... the *fusela mafouta*, she's this much nice ..."** (Participant 5), and how advertising is done by people who are thin and influences long-held beliefs about how they should look, **"... advertising something on TV it will be this *thin* people, well-bodied men or well-bodied women ... it influences ... how people should look ... Irrespective. Irrespective"** regardless of what the advert is for or which culture is being advertised (Participant 2).

Influence from the United States was cited as having changed everything about South African culture including how a woman should look, and has had the effect of making cultures extinct: **"....the Americans has *changed* the *whole* perspective of how a woman should look ..."** and **"Television has changed the perceptive it has changed**

**everything, of life, and we are all tuning into ... Halle Berry and the Beyonces of this world ... and now the culture's gone"** (Participant 4).

Media (and technology including e-mail) has propelled itself into people's lives, and participants shared how these have influenced them to embrace trends not previously associated with their lives. One participant's words sum up the influence of the West, or more specifically "the White culture" by covering two themes, that of Western values filtering through to culture, and media and technology when she said:

The media, the media ... ya, the media, TV, magazines ... your current news everything now is encouraged smaller, maybe this is why I'm feeling the way I'm feeling ... because I'm thinking smaller is better ... because now the times are changing we are now trying, as Africans trying to sort of like adopt the White culture ... you find me now ... I'm trying to eat healthy ... (Participant 9)

This concludes the report on media and technology. The next Basic theme is misperceptions. Even though it relates more to one's internal mindset, it has nevertheless been included in the category about environment because no one exists in a vacuum, even if individuals are not all equally influenced by the same external stimuli. Individuals exist within environments made up of other people with their opinions and thought-processes. The issue of *misperceptions* has been explored in more detail in Chapter Five, and is reported on below as the last Basic theme relating to the environment as a dynamic influence on vitality.

**Basic theme 22: misperceptions.** Three participants (27%) spoke of misperceptions regarding why and how people gain weight, even though none of the participants was a target of these misperceptions. In the case of these particular misperceptions, the lack of understanding and empathy was a reflection on mankind's capacity for thoughtlessness and for inflicting pain.



Overweight people were prejudged, and perceived as lacking vitality, coordination or restraint: **“... she was quite big ... she would spill and somebody would say, that’s why you’re so big, you’re eating so clumsy ... you’re eating the whole day ... she didn’t eat the whole day ... I’d feel bad and stand up for her”** (Participant 2). The power of perception and prejudice was reinforced when the participant gave a hypothetical example of a thinner person eating; if she spilled something, no one would make the same comments as when a larger person does that. She explained: **“If we sit down and eat me and you ... you spill something on your clothes, people are not ... going to see that, but if I do, ‘see, she’s so clumsy, it’s always ...’ it’s just a perception people have”** (Participant 2).

Two other indirect experiences revealed individuals’ tendency to prejudge without looking deeper into another’s life: **“... it’s not about weight ... maybe she’s got personal problems ... you are the manager ... engage the person ... find out ... there are ... stereotypes ... to say a fat person equals a lazy person ...”** (Participant 10).

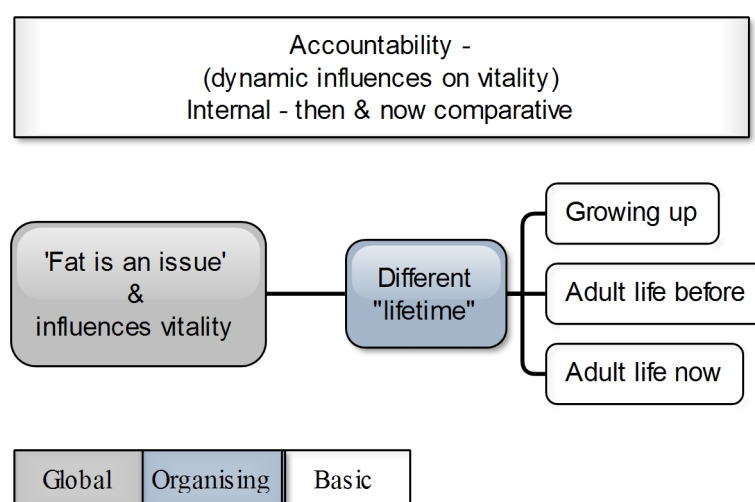
Also how emotive words such as “detests” can cause anger in people even if they are far removed from the situation and watching it unfold on television (in a documentary):

**“... this documentary I watched where this guy just says he *detests* fat people, he just *doesn’t* understand how a person can get so big”** (Participant 7). She shared her outrage, **“I was angry, it’s ... not as if we say okay let me just stuff myself and be big ... it’s not ...”** as well as her pain at hearing that the feelings of the man in the documentary towards his wife had changed for the worse because her physicality had changed: **“ ... he didn’t like his wife anymore because the wife has gained weight so this lady was trying to lose weight *because* of the husband ... because to hear that from person that *supposed* to love you, was not nice ...”** (Participant 7). This particular story resonates with the initial motivation for undertaking the current study because of the

many women who had gone to my websites searching for weight loss solutions because of, or for, their husbands, or to save their marriages.

This concludes the reports on external influences on vitality both from one's culture and from the environment at large. The next section reports on internal influences such as "then and now comparative" and mindset.

**Global theme "Fat is an issue" - themes relating to internal influences on vitality.** Figure 8 below shows the Global theme "Fat is an issue" with its Organising theme and its three Basic themes, relating to Internal - then and now comparative.



*Figure 8.* "Fat is an issue", plus organising theme, and basic themes relating to then & now comparative.

For purposes of this study, "then" and "now" refer to participants' childhood years and teenage years, adult years before the present day, and the present day, respectively. The report begins with the Organising theme **Different "lifetime"** and the first Basic theme.

**Basic theme 23: growing up.** Two participants (18%) discussed the way of life when growing up, and both stories had within them the kernel of what was to follow in adulthood, in the sense of cultural expectations for an adult woman being the same as for

a child, namely that not being thin was a good reflection of wellness and being in control of one's life, or as in the case of the second participant how her childhood experience of being overweight as a child seemed to mirror her experiences as an adult.

In response to the first question in the current study, "What is your body image?" this participant began speaking about her childhood experiences, having grown up "oversized", being teased by other children, did not feel attractive, tried numerous weight reduction methods, and was always conscious of her weight: "**(Still chuckling) ... I grew up being an oversized young lady ... as kids they normally ... mock you ... to say you're overweight, not attractive ... they contribute to your image ... your attitude as well ... your personality ...**" (Participant 10). She went on further to say, "**I started to try to engaged on the diet and all those things, to exercise and what-what ... I think throughout my life (chuckled) I've been doing ... this ...**" bearing testimony to the stories of the challenges and struggles faced by other participants, not least of which was that being overweight was not a true reflection of the person: "**... my weight was not a true reflection of myself as a person ... I felt ... I want to be beautiful outside as well even if I feel that I'm beautiful inside ...**" (Participant 10).

From childhood, the report moves on to what participants revealed about their lives as adults, which is discussed in the following two sections.

***Basic theme 24: adult life before.*** Four participants (36%) shared stories about the ironies of life and its dualities, when they were thinner in their younger years. One had the figure of a model before she had children and before maturing, the other grew up skinny and needed to exercise in order to build up her body; then things were reversed when she needed to use the same mechanism but for a different purpose: "**... I was so skinny (laughed) ... when I was around ... 27 ... started ... gym ... to develop**

**muscles ... be a little ... firmer ... later on ... having kids ... the opposite let me reduce down to a certain weight** (Participant 6).

Two of the participants who had been the most adversely affected by their weight gain as adults shared how different their lives were before: **“I felt good about myself. Everything was just so wonderful; I had a wonderful hair, wonderful complexion, everything wonderful”** (Participant 1). Of interest in the story of the other participant is that she only considered the opinions of the people who knew her “before” when she was not overweight, as they were able to compare how she was then and how she is now, the “then” being the more favourable picture for the participant: **“ ... the people ... I take opinions of is the one that knows me from the beginning ... they know I used to look good ... now I went to this (showed me expanded size with her hands)”**

(Participant 4). This could speak to the value of long-term relationships and our trust in those compared with the relative superficiality of newer relationships, or to our tendency to reach for the past if things were better.

Below is the last Basic theme that informed the Organising theme of **Different “lifetimes”** and is possibly the most pertinent as it reflects the present circumstances and experiences of participants.

***Basic theme 25: adult life now.*** Three participants (25%) spoke of the way things are for them now and how they felt about it. One had made peace with the status quo and had reached a place of acceptance, while two had seen a deterioration in their lives. The quotes from one of the participants who had seen deterioration reflect the other’s story as well: **“It makes me depressed. It just makes me depressed”** and **“It makes me angry ... I just become angry with my body ...”** and **“ ... when you are alone ... just want to cry ... have not been honest with myself ... like you are in denial ... with your**

**friends ... just say things to make them happy ... deep down you know ...”**

(Participant 1).

The story of the third who reached a place of acceptance regarding her size after she turned 45 caused me to ponder. This participant was one of three who said she was happy with her weight, her shape and her size. Does one find a way to accept one's body because of the view that this is how it should be after a certain age, or does one reach a place of acceptance and contentment because one is truly happy with one's weight, shape and size? Nevertheless, as only one of three who were happy with their bodies, her story represents the other two who were happy, but also relates to those who shared their perceptions that as one ages, one gains weight regardless of one's level of acceptance:

**“... when I was ... 45 [years old] that's when I saw my size changing ... that's when I struggled ... to move to a 14, but I made peace with it (chuckled) and told myself you know what, this is it”** (Participant 6).

For two participants, comparisons with the past and the present revealed longing for how things were previously, while for another life had a certain stability and level of peace.

This concludes the report on the “then and now comparative”. The last Basic themes that informed the Global theme “Fat is an issue” relate to mindset, and are discussed below.

**Global theme “Fat is an issue” - themes regarding internal influences on vitality.** Figure 9 below shows the Global theme “Fat is an issue” with its Organising theme and its two Basic themes regarding **Internal - Mindset**.

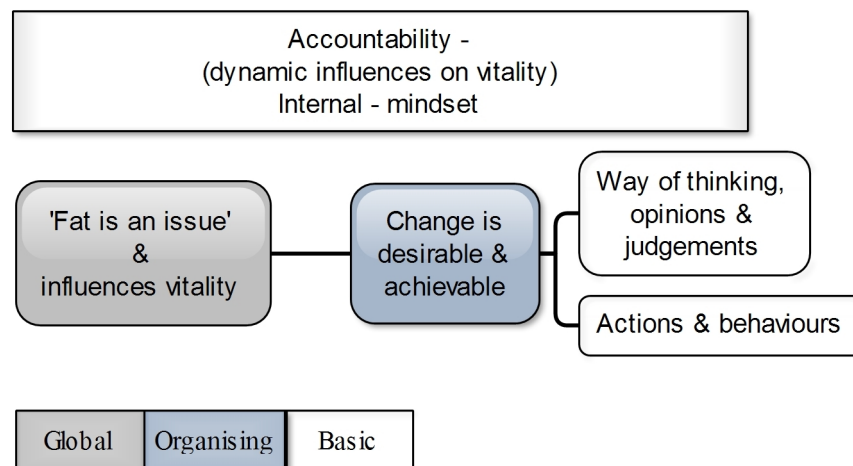


Figure 9. “Fat is an issue”, plus organising theme, and basic themes regarding mindset.

For purposes of this study, “mindset” is understood to mean one’s thought processes, attitudes, thinking. The report begins with the Organising theme **Change is desirable and achievable** with its two Basic themes.

**Basic theme 26: way of thinking, opinions and judgement.** Mindset in relation to motivation for pursuing weight loss efforts was mentioned by two participants in particular (18%), one as the reason why she was not sufficiently motivated to lose weight, the other as the reason for managing her dietary challenges in her life that is busy, where she has no time for exercise, or walking. It was enlightening that two people could use the same driving force (one’s mind) but end up at two different places. It was acknowledged that it was possible to lose weight if one wanted to, but that one had to get one’s mind right: **“I think I’m just lazy ... I’m really, really lazy, ‘cause [sic] when I think about it ... I could do something about the weight ... so if I can just get my mind to change ... that’s my biggest problem”** (Participant 7).

Regarding opinions and judgements, two participants (18%) had opposing responses regarding overweight people, and were perhaps representative of society in general in the sense of how different people view the world. To quote the late

Dr. Stephen Covey (n.d): “We see the world, not as it is, but as we are - or, as we are conditioned to see it.” Regardless of whether or not we see the world as we are, or if we see the same thing differently to another person (Gergen, 2009), opinions and judgements crept into the current study, reinforcing the notion that there are two sides to every story.

One participant in the current study shared a negative view of overweight people and described specifics of her demeanour that she and others found distasteful:

... what was glaring was the weight ... when we sit and eat, if she eats *more* you look at her that she’s eating more than the others ... when she sits, you want to check will she sit, she’s fat, she’ll sit and open up like this, and all those things are saying, it’s because she’s fat, I know it sounds unfair ... if she was not this fat she would be able to sit, I was even wishing to take her table and facing the other way, because now it is facing the door, when people come they see this fat thing ... (Participant 5)

In contrast, Participant 11 speaking about overweight people showed tolerance and understanding, and generosity in stating people should be allowed to have personal choices:

A person shouldn’t be judged just because they’re big and the other one is small, they can still do the same job and give the same performance and give the same results ... it’s your own personal choice if I feel comfortable being a size 40, then so be it ... you accept me the way I am, then if you not, then you’ve got a problem (chuckled) (Participant 11)

Following the internal activity of thinking are two less cerebral activities: actions and behaviours. These are reported on below through the selection of the stories of the same two participants who attributed successes and failures, respectively, to their minds.

***Basic theme 27: actions and behaviours.*** Two participants (18%) in particular spoke of an awareness of the need to adopt new ways of thinking and to implement changes by taking certain actions and changing certain behaviours. Thinking alone could not result in the desired goal of losing weight. Whilst they started from different places in their minds regarding motivation and mindset, as reported on in the Basic theme above,

they took similar actions. One participant implemented changes after reading articles about better weight management: **“... you start implementing those and you see changes ... for example in December they will say ... Christmas time everyone is going to parties ... but just be careful this is what you should do”** (Participant 3). Another participant in turn knew that her mindset would assist her in getting better results, and she had already changed certain behaviours to achieve those results: **“... I just decided no sweets, no chocolates, leave it out, take it out totally and try and see”** and **“... certain eating habits ... telling my mind ... this is *right*, this is what I need to do for myself ....”** (Participant 7).

This concludes the report on the findings for the Global theme “Fat is an issue” and influences vitality, showing the variety of Basic themes reflecting the “statement of belief” (Attride-Stirling, 2001) of each individual participant based on her experience, to which she gave unique and subjective meaning.

The second and final Global theme is **Knock-on effect culminates in a wish for “a better life” for themselves, their children and their extended families**. The knock-on effect is “influence”, both what influences individuals, and how that in turn influences others. The Organising theme that informed this Global theme is **Influenced by externals and influencing others** and has one Basic theme. In the current study, this included being a role model for one’s expanded network, and one’s children and other family, and is the final Basic theme to be discussed.

**Global theme: knock-on effect.** Figure 10 below shows the Global theme **“Knock-on effect culminates in a wish for ‘a better life’ for themselves, their children, and extended family”**, its Organising theme and one Basic theme relating to the category “A better life”.



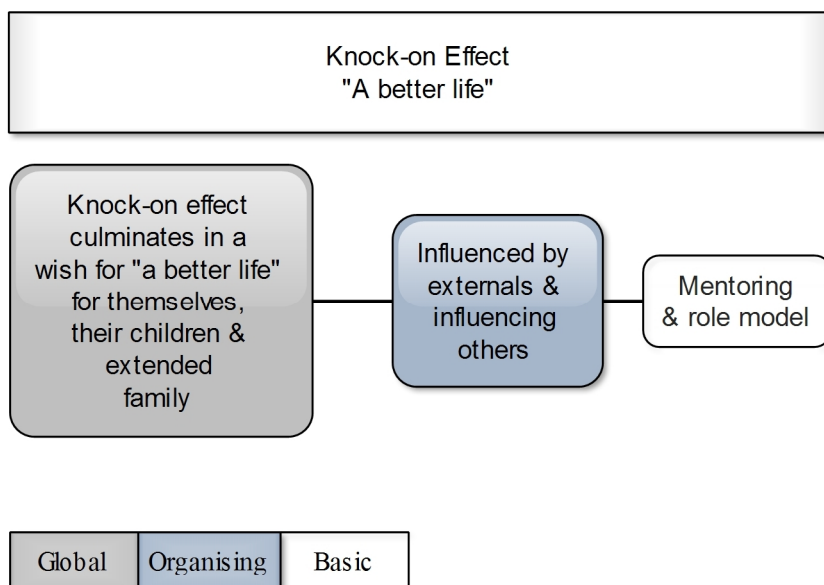


Figure 10. “Knock-on effect”, plus organising theme, and basic theme relating to ‘a better life’.

In this context, where participants took deliberate actions to improve their lives and the lives of their families, I quote the “social wellness” dimension of The Six Dimensions of Wellness Model (1976):

As you travel a wellness path, you’ll become more aware of your importance in society as well as the impact you have on multiple environments. You’ll take an active part in improving our world by encouraging healthier living and initiating better communication with those around you (p. 1).

**Basic theme 28: mentoring and role model.** Nine participants (82%) were actively practising what the Wellness Model advocated, and were being role models, and mentoring their children, extended families, indeed even their siblings and parents in various ways. This Basic theme was the most prominent, apart from those relating to the core concepts of the study. The next highest was support and understanding - from others.

How does the knock-on effect in this context differ from others though?

Surrogate role models and mentoring methods such as television, Internet, and magazines

tend to provide “mentoring” and influence on individuals who passively receive information, sometimes implementing it and sometimes passing it on to others, or even actively seeking information and guidance. In contrast, participants showed themselves to be pro-active role models in their influence with motivations and an investment of time and energy that are more personal. They themselves found ways to improve their lives, and this culminated in the wish to be instrumental in providing a better life for others. Participants were positively influencing others by instilling healthier lifestyle choices in terms of both balanced nutrition and physical activities. Being role models and mentoring included warnings about overeating, teaching values and how to conduct themselves as women in the community, and supporting others through their own weight management challenges.

As the vast majority of participants shared their stories of being role models, I wish to quote more than just one or two participants as follows: **“... but if I have to go to my mom’s house now, and tell her mama, you need to eat a balanced diet, she looks at me and goes, what’s wrong with you child ...”** (Participant 9); **“... now all of a sudden he’s also big [her eldest son], he’s complained to me you know mum, my friend are mocking me they say I am overweight ... I’m with him in this programme ...”** (Participant 10); and

... as women ... we mentor everyone around us ... I try to mentor my kids... whatever I ...portray out there ... I’m instilling to my kids... they’ll grow up ... having certain characters of me to say as woman this is how you carry yourself ... as a community member this is how you should look ... the culture ... I still respect it even today ...it has made me who I am. (Participant 6)

I mean like I’m very conscious with my nephews and nieces I tell them but you guys, you know we had a problem with eating, because we were not brought up *properly* to concentrate *more* on healthy food ... you need to be *awake* and be aware of what you eat and all that ... you instill this thing in that you say look guys you need to be healthy... eat fruits, eat

vegetables ... eat proper, don't just *eat*, just to be *eating*, you know, when you're full, you're full, stop eating ... (Participant 3)

The desire for a better life for themselves as others began for these participants when they took the significant steps of leaving their old environment, achieving higher levels of education, and surrounding themselves with people whose thought processes and environment are different to the way they grew up. In this way, the quest for a better life has come full circle, with the added element of participants being the ones who are instrumental in influencing others to make positive changes in their lives.

This concludes the report on all the findings pertaining to the two Global themes. The last two findings are the two unique themes that were identified and are discussed below.

**Unique themes.** Two unique themes were identified as follows: “Yellow cards” and gender issues.

**“Yellow cards”.** This was the expression used by only one participant, when referring to a practise she had heard about whereby attractive women were being employed as secretaries and receptionists in businesses in order to attract investors, even if the women could do little more than answer the telephone and type: “... **they use them .... to get business and I like wow, thought it was in my mind ... see all kind ... they call them yellow cards ...**” (Participant 4). This unique theme was included for analysis because of the participant's perception that thin, attractive women have more appeal in business, while someone like her, who is suitably qualified and aching to be in private practice but is 40 kilograms overweight, feels hindered in advancing in business because of her weight: “**I'm old enough actually to have my own practice [unclear] but [unclear] imagine how difficult it would be for me to get clients ...**” (Participant 4). Whilst the other findings in the study showed that there were no formal expectations in

the various workplaces regarding weight, shape and size, it would appear that perceived discrimination still exists

**Gender issues.** Only one of the 11 participants discussed gender issues found in the organisation in which she works; she added this information at the end of the interview when asked if there was anything she wanted to add. This unique theme was included for analysis because the participant's input spoke directly to the changed economic landscape in South Africa, which shows more women entering the professional working milieu. Her story included cultural norms, which is one of the key concepts being explored in the current study, and can be viewed in the same way as the double standards that seem to exist between Black men and women regarding issues of weight (reported on under Basic theme 17, Emerging trends and tensions earlier in the chapter).

According to this participant, who is the same participant that mentioned double standards when it comes to weight, cultural expectations used to demand that a woman should not be assertive, and instead should be homebound and look after the home:

**“(long thinking) I think previously from a cultural perspective ... as women we were expected to be submissive ... like they used to say the place of the woman is in the kitchen ...”** (Participant 10). She then went on to discuss the changed environment where women have been entering the workforce, are in senior positions, are filling the numbers to satisfy the Employment Equity Bill, and encounter challenges with their male subordinates: **“... because they are trying every way to sabotage you with information or whatever ... especially if you're a woman and they're reporting to you ... there's still that thing to say 'as a woman what do you know' ...”** but in this case not with those more senior.

When weight issues had impacted on this participant's ability to work when she was sick and not performing at her best, there had not been any tensions regarding gender or the stereotypical view that women do not belong in business: **"... my boss was very supportive ... he knew me as a person that I was a hard worker ... even before I was sick ... he was very supportive, he understood where I come from ..."**

(Participant 10).

It would appear that whilst people are evolving, some remain stuck in old ways of thinking and behaving, in similar fashion to the double standards regarding weight mentioned by this participant. In her work environment, the men that appear to be stuck in the old way of thinking are still in junior positions, perhaps feeling the threat to the patriarchal society in South Africa (Jansen, 2012), and seem to use traditional thinking to manipulate instead of moving with the times and finding more constructive ways to advance in business. On the other hand, those already in senior positions, and perhaps more secure within themselves, appear to choose not to manipulate.

This concludes the reports on all the themes identified in the current study, revealing a diverse range of experiences to which participants gave personal, subjective meaning. Below are the summaries of the major findings.

### **Summary: Major Findings**

Across the data set, that is, across the interviews of all 11 participants, five major findings were identified as follows:

- Western values and outlooks have filtered through to, and have influenced, the participants.

- Lower weight and thinness do not automatically correspond with beliefs, fears and assumptions about being HIV-positive or having AIDS; they correspond instead with healthier lifestyle choices.
- Body shape rather than weight or size was the prominent area of focus for the majority of participants.
- Clothes and clothes size are used to determine perception of overweight.
- Being overweight has consequences, some more debilitating than others.

### **Summary: Main Concepts**

This study focused around three concepts, namely the *body image* of professional Black South African women, the *cultural expectations regarding body weight, shape and size*, and the *expectations or tensions experienced in the environment in which these women work*. Below is a summary of the findings regarding these three concepts, followed by a table showing the individual perceptions of each participant regarding each of the three concepts.

**Body image.** Of the 11 participants, five were content with their bodies overall (45%), two were dissatisfied/unhappy (18%), two were satisfied (18%), one was happy, and one was apathetic regarding her body overall.

**Cultural expectations.** According to reports from the participants, the majority of represented ethnic groups (Zulu, Xhosa, and Northern Sotho/Pedi) general traditionally preferred and expected full-bodied women. The only exception seemed to be the Tswana ethnic grouping that was generally smaller-figured. However, participants mentioned emerging trends resulting in some changes towards expectations that are different from traditional cultural norms and expectations.

**Expectations or tensions in the workplace.** Perhaps because of anti-discrimination laws, alluded to by some participants, overt expectations in the workplace were not found, expected or imposed by the respective companies, organisations, or senior management. However, one participant (a senior department head) preferred subordinates who were not well dressed rather than subordinates who were “fat” (participant’s choice of word). She explained that one could always be taught to dress appropriately, whereas an overweight individual would need to address that particular personal challenge herself.

In one organisation, employees are encouraged to make healthier choices, and in two other organisations there is a culture of health consciousness starting at the top with owners/senior management and filtering down; in another, they are expected to be a representation of the company, while one company leaves it to individuals to decide what is appropriate in terms of appearance. **Researcher observation:** Four of the organisations referred to above were in the private sector, while the fifth was a parastatal. Speculation and implications regarding this may be addressed by way of one of the suggestions I have made in Chapter Six regarding suggested further research. In the remaining five organisations, no expectations or experiences were reported. In addition, there was either some discussion in four organisations (36%), or no discussion (one organisation) about weight, size, shape and appearance among colleagues, while in the remaining six organisations (54%), discussion or absence thereof did not come up in the interviews.

Table 4 on the following pages presents an overview of the findings as interpreted from the interviews pertaining to the three concepts. They are listed according to participant number. Also, words in inverted commas are the words used by participants, and words in italics indicate participant emphasis. In the interests of space in a table, the overview does not make use of full sentences.

Table 4  
*Body Image, Cultural Expectations, Workplace*

Body Image	Cultural Expectations	Workplace
#1: Very unhappy, cannot be herself, feels she is being deceitful to herself and others when she puts on a happy face.	<b>Tswana</b> thin; she “fat”.	No particular expectations, no tensions, supportive; does her job but manipulates certain functions due to her size.
#2: Happy with how she is, does not infringe on her happiness, sometimes a little unhappy with size as she cannot buy beautiful clothes, and sometimes uncomfortable when with other cultures, and people who think “fat” people eat all day.	<b>Zulu.</b> Men generally like their women big but it is not like that anymore because of interaction with other cultures, friends. Daughter tells her health issues are due to weight. Became a Christian, and those beliefs overshadow cultural beliefs.	No particular expectations, no issues of not being able to do her job, has worked with Afrikaners, Indians, Blacks, Whites, all struggling with weight together.
#3: Shape: Loves it (mentioned pear-shape). Weight unhappy.	<b>Northern Sotho.</b> Family “fat”; if full-figured seen as being in control of life.	Many overweight people at work, but not one discussion about it (seen as a personal issue, not for workplace).
#4: Very unhappy; makes her look older than her years, big clothes not attractive, avoids socialising due to weight/appearance.	<b>Pedi (Northern Sotho).</b> “Fat”; others feel it is okay, participant feels they are lying. “The Americans” have changed culture, become role models.	No particular expectations, some compliments, some conflicting data about others saying she looks good, did not get job initially.
#5: Not satisfied when she looks in mirror but revealed such a light hearted, humorous attitude about it; envies pear-shape but genetically she is not, feels pear-shaped women nicely built, clothes fit better; women with “bums” she would “kill” for it.	<b>Zulu.</b> Full-figure is okay, as per culture. Thin equals ill health (mental, physical), unhappy, initially suspicion that thinness equals HIV/AIDS but slowly moving from that attitude.	No expectations from employers but she has expectations of her staff - well dressed, not “fat”. Do discuss.



Body Image	Cultural Expectations	Workplace
<p>#6: Happy shape, size, weight</p> <p>#7: Knows she is overweight, wears clothes to hide body, bothers her most when she cannot fit into clothes, or to go on holiday. Even offending and irritating comments from male colleagues, and when people mistake her for being pregnant, and father diagnosed with diabetes, and she has asthma, have not motivated her to stick to weight-loss programmes.</p> <p>#8: Happy with her weight, happy with her shape (mentioned pear-shape), curvy; currently pregnant, doesn't want to be a thin mother.</p> <p>#9: Hates size and weight, but loves shape, which she sees as being the perfect African woman's figure. Does not accept compliments because she sees something different, even though she understands people see her body as being perfect African woman.</p>	<p>Father <b>Northern Sotho</b>/Pedi. Mother <b>Swati</b>. "Fat" family. Those in township still traditional. She moved away, retains some traditions but lives in suburbs.</p> <p><b>Zulu</b>. "Fat" family, full-figured okay, thin suggests illness, including suspicion of HIV/AIDS. Family in KwaZulu-Natal still more traditional than, e.g. mother who lives in Johannesburg. Participant: "Fat" person not in control of own body/health/life cannot lead.</p> <p><b>Zulu</b>. Culture needs them to be big, expected to have curves, bit of "bums". But her mother and aunt thinner/medium, different environment.</p> <p><b>Xhosa</b>, but all Africans appreciate full-figured women. View that if happy, comfortable, settled you will gain weight/be "fat". If not, means you are not happy, husband not treating you well, not feeding you, and vice versa. Environment: Those still in townships, "fat", unhealthy, including her family. She &amp; children live in suburbs, attend "White" schools, have healthier lifestyle.</p>	<p>Organisational culture from top down well-dressed, take care of themselves, health conscious. Do discuss, notice what people are doing/drinking/eating.</p> <p>No expectations from employers, whatever staff consider appropriate. Can do her job now but if becomes bigger, problem. Much discussion with female colleagues. Men make negative comments.</p> <p>No expectations body weight/shape/size, but must represent (beauty) brand - beautiful face, no pimples, etc. and cleanliness.</p> <p>No expectations or issues even senior management overweight, just (informally) encouraged to choose healthier options.</p>

Body Image	Cultural Expectations	Workplace
<p>#10: Feels her body is well proportioned, has lost approx. 20kgs in the last two years. Primary motivation to lose weight and take care of herself: to be healthy, and able to look after her two children. Accepts compliments, accepts what people might comment on about her losing weight, believes that if she knows she is healthy, that is all that matters.</p>	<p><b>Xhosa.</b> Women should have curves, be “plumpy” [<i>sic</i>], have love handles; not be assertive, stay in the kitchen; not try to be a boss, or give orders, especially to male subordinates. Those with different education, different environment comment positively on weight loss, look beautiful. Society now expects women to be slimmer, while men can have big bellies.</p>	<p>No particular expectations body weight/shape/size, but when she was overweight, felt tired and was not able to concentrate or do her job to the best of her ability as she can now, having lost weight.</p>
<p>#11: Feels has good body image; appearance plus how one talks, carries oneself extremely important in order to be taken seriously. Lifestyle, environment, education major contributing factors to wellbeing and appearance. Requires hard work to stay in shape.</p>	<p><b>Zulu.</b> Olden days acceptable for married women with children to be overweight, but times changing. Participant focused on parents, especially father, few references to extended family. Mother diabetic, father asthmatic, high blood pressure, now trying to eat correctly, comments when participant gains weight, does not want her to look 20 years older due to overweight.</p>	<p>No expectations; colleagues similar age group, various cultures, over 80% staff complement female, none overweight, all health/fitness conscious; ample discussions about weight, fitness, lifestyle.</p>

## Reporting Findings

Caution needed to be exercised in order to alleviate errors as well as bias (interviewer bias, participant bias, analyst bias, and researcher bias) (Swartz et al., 2011). Every care was taken to ensure each step in the process was carefully considered; there was no need to take corrective action during the course of the process other than to be aware of leading and/or dichotomous questions. Regarding bias, qualitative researchers use the concept of reflexivity (Swartz et al., 2011) whereby both the researcher and the

participants reflect upon and critically evaluate the research process as it happens. For my part, with each interview, I endeavoured to listen better, and as mentioned in Chapter Three, I did a self-evaluation at the end of each interview by thinking about the interview including my role in it, and making brief self-reflective notes about my observations to assist me in writing the dissertation. This also served as quality assurance on an interview-by-interview basis. Some participants in turn specifically remarked on the interesting nature of the study during the course of the interview or after the interview had ended (Participants 3, 7, 10, & 11).

### **Summary**

Data were analysed using Attride-Stirling's (2001) Thematic Networks, whereby two Global themes were identified, 14 Organising themes and 28 Basic themes, with a total of 10 codes clustered under three categories, Vitality/Health, Accountability (dynamic influences on vitality) and Knock-on effect. Two unique themes were also identified ("Yellow cards" and Gender issues).

As a group, participants showed varying degrees of satisfaction and dissatisfaction with aspects of their physicality. Some were lighter hearted about their challenges, while others revealed more serious issues with their personal challenges. Overweight contributed to health issues, though not for all participants, and health issues were disrupting some participants' lives to a lesser or greater degree. Some discussed health issues that had improved with weight loss, or that deteriorate with weight gain. As a group, the effect of being overweight varied. The consequences however were not always negative. The desire for weight loss was prominent among participants in varying degrees, and varied between just two kilograms and 40. The quest for lower weight was motivated by issues of health or by appearance, or to achieve the desirable image,

especially in the workplace. Overweight was not a desired goal for any of the participants, but neither was being too thin, and in contrast to the literature (Kruger n.d., quoted by Bongela in Mail & Guardian, 2012; Kruger et al., 2005; Matoti-Mvalot & Puoane, 2010), not one participant equated weight loss and thinness with HIV/AIDS. All but two were happy with their shape, while satisfaction/dissatisfaction with size differed. Factors that contributed both to weight gain and to desire for weight loss and healthier weight are socioeconomic, in line with some of the literature (e.g. Goedecke & Jennings, 2005; Johnson, 2012; Kruger et al., 2005; Martinez et al., 1999; Steyn et al., 2012).

Regarding cultural expectations, the experiences of all participants except one of Tswana heritage pointed to a preference for women to be full-figured but perceptions and expectations in the cultural environments are changing. The most prominent finding regarding the effect of the external factors is that participants had adopted Western lifestyle choices to some degree, which, together with education and work/home environment, were considered pivotal to their outlook. For all participants, the present was different from the past in terms of their lifestyles or their bodies, and the challenges they faced in the present.

For most, mindset and personal outlook had changed or needed to change, and contributed to the status quo in their lives, both positive and less positive. For most participants, the desire to have a positive influence on their families was prominent, with the participants generally leading the way in their families in terms of education, occupation, environment and lifestyle choices. No formal expectations in the workplace were revealed, environments were tolerant of differences and in some encouraged healthier choices. Tensions regarding two isolated incidents involving overweight employees were discussed. In some companies though not in all there were animated and varied discussions regarding weight and related issues.

The following chapter discusses the interpretation of the findings, and integrates the findings with the literature and the theoretical framework.

## Chapter Five: Discussion

*“It is important to nurture any new ideas and initiatives, which can make a difference for Africa”*  
Wagnari Maathai

### Introduction and Overview

In this chapter, the findings of the current research are integrated with the existing literature, and locates them within the Social Constructionist framework. In this way, an attempt is made to position the current study within the existing body of knowledge regarding the issues researched. Beginning with the theoretical framework in relation to the findings, the chapter is subsequently divided into four sections as follows, and concludes with a summary.

- Obesity epidemic - research questions, conundrums, additional noteworthy findings
- Changed economic landscape - accessibility, influence, education
- Data interpretation and non-verbal cues
- Sources of bias, participant/researcher cultural issues, authenticity as a method of triangulation.

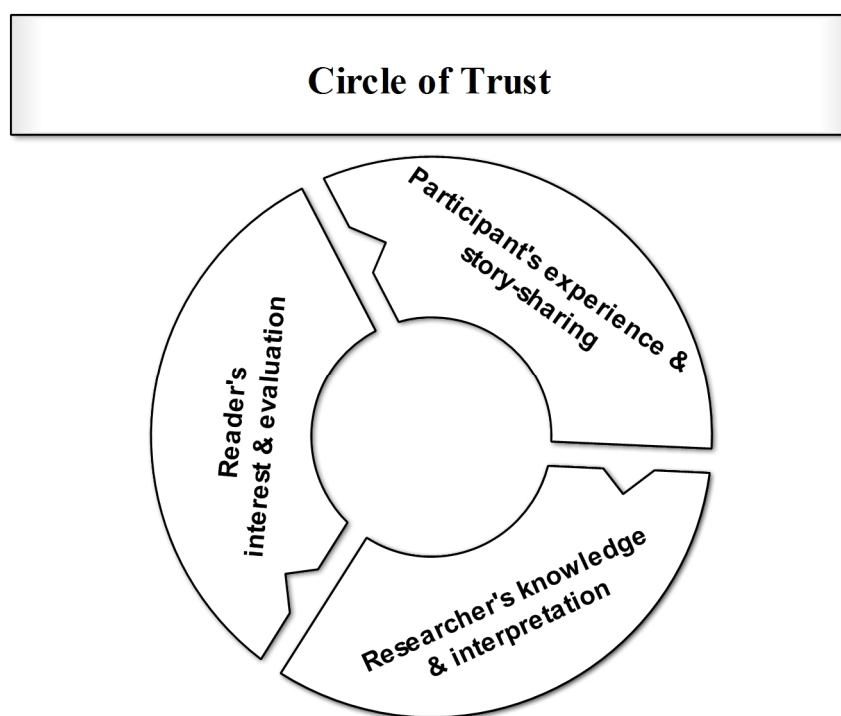
### Social Constructionism and Findings

Constructionism reflects upon social phenomena, for example, weight issues, and how they develop in social contexts, for example, culture, and Western values. Each individual views, approaches and constructs the world in a different and unique way (Gergen & Gergen, 2008) and attributes different meaning to the social phenomena experienced. According to the Constructionist perspective, this difference in meaning comes from interpersonal relationships: “This difference is rooted in our social relationships. It is within these relationships that we construct the world in this way or

that. In relationships the world comes to be what it is for us” (Gergen, 2009, Location 239). Regarding research findings, Bloomberg and Volpe (2012) stated that findings should not be taken at face value (Bloomberg & Volpe 2012, Locations 5550-5554). This could also hold true for how social phenomena are interpreted: “Two people standing at different places who are looking at the same thing will see the thing differently. So the *point* from which a person *views* something affects what information is received and how the thing looks” (Hersh, n.d., lines 3 - 6). Regarding narrative enquiry, Kerby (1991, cited in Clandinin & Connelly, 2000) suggested that entering the field of inquiry means to carry with us and to meet lives that are in motion and structured narratively, and that the retelling comes via the inquiry (Clandinin & Connelly, 2000, Chapter 5, para. 3).

Taking all of the above into consideration, the possible implications for the current study are that the participants’ stories based on their individual experiences and worldviews, and the researcher’s interpretation thereof could be different. The same could be true for the reader’s interpretation. How then do we reach conclusions about what the findings reveal? I would propose the researcher reaches conclusions by endeavouring to preserve the integrity of the information, and by ensuring that a “systematically constructed” argument (Bloomberg & Volpe, 2012, Locations 4893-4898) is followed and presented, and supports it with subjective evidence, for example, participants’ words. How then do we reach consensus about the conclusions? I would suggest we do not necessarily reach consensus or seek to do so, and instead acknowledge that interpretation is subjective (Bloomberg & Volpe, 2012), that we are aware that our interpretation is but one view, and that there are multiple ways to interpret findings (Bloomberg & Volpe). What of the participants’ voices in this process? I would propose that the participants’ voices were heard when they shared their stories, in their words, and handed these over to me, the researcher, to interpret within the parameters of

the research. Participants had already interpreted their experiences and assigned meaning to them when they entered the dialogue with the researcher, alluded to by Kerby (1991, cited in Clandinin & Connelly, 2000). The participants' portion of the research relationship could have ended when the interviews ended but that is not necessarily the case in the current study. By way of the Feedback Pamphlet (Appendix 5) that I anticipate forwarding to each participant as a means of providing feedback on the study, participant becomes reader of the interpretation of the findings based on their stories, thereby completing what I devised<sup>1</sup> and call "The Circle of Trust", which is depicted graphically as Figure 11 below. What is central to this Circle of Trust and what is the broader context is the same thing: The notion that people are interdependent beings and individual knowledge of the world is seen as socially constructed (Gergen, 2001, p. 805, cited in Morrow, 2007).



*Figure 11. Circle of trust*

<sup>1</sup> "Circle of Trust" - The idea and concept is the student's own original work, and was not copied from any other source.



By contextualising the study within the Social Constructionist framework in this way, certain assumptions are implied, for example the level of trust required by the participants to share their personal stories with me, including details of where they are employed, what their occupations are, details of their families, husbands, partners, and issues experienced beyond just those pertaining to the study. The assumption of trust was considered in the research design and methodology, as well as in the data analysis, and now in the discussion and integration of the findings. In service of integrity, the findings were reported on anonymously, and an effort was made to ensure that the interpretation was a fair representation of participants' stories by having the supervisor of the study as well as an independent consultant check for scientific soundness.

In addition, the concept of trust extends beyond just the experience and expectation of participant and researcher. Misztal (1996) pointed out that trust makes social life predictable, it creates a sense of community, and it makes it easier for people to work together. The findings of the research will be made known to readers, and there is an assumption of trust that readers would be objective and fair in their evaluation of the work they are reading. Furthermore, in telling their stories, participants had to be discerning about what to share. In interpreting their stories, I had to be discerning about what to include in my report on the findings. A reader has to be discerning in what he reads. Earle (2011) articulated the notion of experiencing different teachers and teachings in order to develop discernment. In line with both Constructionism and the underpinnings of qualitative research where more than one view is believed to exist, Earle stated that "any path that says it is 'the only path' limits our experience, spiritual flexibility and clouds our discernment" (Earle, 2011, Location 2920), and that when one finds a path that works, one will know that the choice is grounded in one's broader experience

(Earle, 2011, Location 2920). Moreover, we will have to trust the teachers and the teachings in areas in which we have not had experience (Earle, 2011).

In the current study, based on participant feedback, it would appear that we all learnt things from one another's experiences, and perhaps so too will the reader. "But above all, trust, by keeping our minds open to all evidence, secures communication and dialogue" (Misztal, 1996, p. 95). Our collective experience has been socially constructed, and trust is one of several social constructs, an element of the social reality (Searle, 1995). Considering the assumptions discussed above, the following section interprets the findings and discusses why this new knowledge could be of importance as well as its potential significance to the field of obesity and psychology's role in it (Johnson, 2012)

### **Section 1: Obesity Epidemic - Research Questions**

Three research questions needed to be answered in order to achieve the aims of the research. Discussing the findings based on the research questions therefore attempts to answer the research problem, and satisfy the aim of the research by contributing to our understanding of the targeted population's experiences regarding issues of weight and interpersonal relationships.

**Question 1. "What is the body image of professional Black South Africa women?"**

***Weight - perception.*** While the vast majority of the participants in the current study perceived themselves as having some degree of overweight issues, only seven (63%) indicated they actually were unhappy with their weight. This is contradictory to the findings of various studies:

- GlaxoSmithKline (2010), stating perceptions differ among populations of women where all four groups (African, Coloured, White, Indian) perceived themselves as not

being overweight in varying percentages, with White women having the lowest percentage difference between actual and perceived weight

- Prinsloo et al. (2011), where just over half of the women in their study did not perceive themselves as overweight even though almost one-third were overweight and just short of half were obese.
- Puoane et al. (2002), whose study was not about weight perception, and instead *inter alia* about determinants of obesity, which found that although the highest rates of obesity were reported among African women, fewer perceived themselves to be obese compared with perceptions reported by White women.
- Skaal and Pengpin (2011), regarding obesity and health problems among South African healthcare workers, found that a high percentage of the randomly selected participants, almost three-quarters, were obese or overweight, but the majority had inaccurate perceptions of their weight.

Findings from these studies regarding perceptions of overweight, including those conducted in other countries (e.g. Atlantis & Ball, 2007; Paeratakul et al., 2002) suggest an overall lack of awareness of one's weight status, which is not supported by the findings identified in the current study where an overwhelming majority perceived themselves as being overweight in varying degrees. Taking into account the findings of the studies in the literature, and in the current one, a plausible explanation for the difference in perception of overweight between the participants in the current study and those in other studies could be attributed to socioeconomic norms because, according to the reports by participants, their awareness of the issue of overweight also came from external factors, the media, technology, and the physical environment, all of which informed and influenced participants' knowledge and behaviours. Furthermore, the high percentage of perception of overweight in the current study could in part be explained by

the fact that the sample was drawn from individuals seeking assistance with weight issues whereas the cited studies involved non-purposeful sampling.

*Clothes as a measurement of perception of overweight.* As the current study was based on participants' perceptions about their bodies, some of the more common weight and body fat measurement methods relating to overweight and obesity, for example BMI, were not key factors to the exploration of this topic. In the current study, it would appear that less than one-third of the participants referred to this form of measurement as a benchmark (Participants 4, 6 & 10), while others use clothing size in deciding whether they are overweight. Clothes, and clothes size determined the degree to which participants felt they or others were overweight (e.g. based on reports by Participants 3, 5, 7) or at the right weight (e.g. Participant 6), or too heavy for their age (e.g. Participant 4). This was a major finding and most unexpected in the current study regarding participants' perception and measurement of overweight, and as such required additional reading in order to try to understand this phenomenon, and explain it in this report. A literature search failed to produce studies that had direct relevance to this finding. However, studies complementary to this finding were found and these are cited below and compared with the findings of the current study (the latter in boldface merely for contrast):

- **The overwhelming majority of the participants (reports by all participants except Participant 3) attached importance to how they looked in the clothes they wore. Participants wore clothes either to emphasise their bodies (e.g. their “curves”, Participant 6, or their buttocks, Participant 9) or to hide certain features (e.g. buttocks, Participant 4, or stomach, Participant 7), or to project the correct image (e.g. Participant 11),** which is consistent with the study by Kim and Damhorst (2010) that found that individuals who were concerned about clothing and

who considered attire important experienced a higher degree of body dissatisfaction (discrepancy between one's actual body and an ideal).

- **Participants in the current study (e.g. Participants 1, 2, 4, 7) referred to the challenges in finding clothing they wished to wear, and that thinner women have greater choices (e.g. Participant 2, 7, 11),** consistent with the last two findings of Reddy and Otieno's (2013) study involving women in the UK, and how their body image influenced their clothing preferences, with thinner women more able to select fashionable clothing to reveal their body shapes, and larger women unable to find clothing they felt they wanted to wear.
- **In the current study, participants appeared to have correct body shape and size perception** in contrast to the findings in the study by Song and Ashdown (2013) who explored the relationship between self-perceived lower-body size and shape and individuals' satisfaction with how clothes fitted. The study found that consumers had incorrect body shape and size perception, making it a challenge to find the right fitting clothes for the lower half of the body. **The statement regarding the challenge to find right fitting clothes for the lower half of the body was however supported in the current study where, according to most of the participants, the African woman's lower body is traditionally large, and as some participants remarked they have to tailor their garments to accommodate their narrower waists and larger lower bodies (e.g. Participants 2, 6). It would appear therefore, that the participants in the current study are not alone in the challenge of finding clothes that fit them well, something which is of considerable importance especially as they use clothes size to determine whether or not they are overweight.**

Using clothes and clothes size actively to determine one's perception of being

overweight specifically in the way participants in the current study utilised clothes, does not appear to have been prevalent in the literature. Nevertheless, of direct relevance to the findings in the current study is an article by Naidu-Hoffmeester (2013) regarding a study addressing the issues around the fact that clothing sizes in South Africa are not standardised. Quoting Pandarum, the article stated that because South Africa does not have its own garment sizing system, "... the South African public do not know what body size and shapes they are" (Naidu-Hoffmeester, 2013, line 9). This particular statement confounded me but upon reflection, it does not seem too far removed from the manner in which participants in the current study use clothes and clothes size to determine the state of their bodies, regarding weight, shape or size.

In this same article is the suggestion that data from the 1940s is being used for manufacturing and retailing based on the hourglass figure type (lines 10 - 11). Considering what was found in the current study about the shape of the African woman's body, described by participants as being a Pear shape, the fact that garments are designed for a completely different shape seems astonishing, even more so because participants in the current study appeared to rely so heavily on clothes and clothes size to tell them whether they are overweight. The article by Naidu-Hoffmeester (2013) continued with the additional complication of "vanity sizing" (lines 11 - 12) where retailers use smaller size labels on what used to be larger size garments.

The issue of vanity sizing was also found in an article by Landau (2009) in which she stated that with the increase in weight of the American population in recent years, retailers have changed the size labels on their clothing, and that this resulted in consumers feeling good about themselves (Landau, 2009, para. 2, quoting Nixon) their actual weight or size, notwithstanding. In further support of incorrect perceptions of overweight, it would appear that the concept of "overweight" might be relative (Landau, 2009, para. 3)

and that "normal" weight is now heavier than it used to be (para. 4, lines 1 - 4). This phenomenon almost negates the global wellness trends referred to by Cowland (January 2013), Pilzer (2002; 2007), and Strom (September 2013).

Regardless of whether being heavier is now the new “normal”, examining this in the context of the global obesity pandemic, as well as the practice of relabeling clothes sizes, compounds the complications of the issue of individuals’ perception of whether or not they are overweight. The current study was littered with examples of clothes sizes being used to determine whether participants had lost or gained weight depending on how clothes fitted (e.g. the reports by Participants 6, 10) or because a garment was a smaller size, this was taken as an indication of weight loss (e.g. Participant 5) regardless of how it fitted, or to demonstrate how good one feels about oneself (e.g. Participant 11), the latter supporting the statements in Landau (2009). Considering the lack of reliability regarding clothes size, and the deceptions promulgated by retailers, one questions the prevalence of using clothes size as a measurement of one’s perception of overweight. It could be speculated that it is because of the influence of Western ideals and celebrity influence emphasising appearance and body size, validation of which can be found in the discussion about Western values and influences, as well as shape later in this chapter.

***Weight - satisfaction - implications.*** In the current study, all participants including those between 50 and 60+ years of age were interested in their bodies, and losing weight and/or maintaining their weight at a healthy level. This finding is contrary to the findings in Tiggemann and Lynch (2001) based on their broadly-based convenience sample of 322 Australian women where the body seemed to become less important to women as they age. This disparity in findings could possibly be explained by the following: Sample numbers; research population in Tiggemann and Lynch’s study that involved a broad section of women, for example those in the arts, aerobic classes,

investment clubs, not specifically professional women; or by the difference between individual responses to events, which is explored later in the chapter.

Regarding body satisfaction, from the findings in a study by Thompson (2005) it would seem that when the participants in the study (aged between 18 and 20 years of age, and White) were satisfied with their bodies, it had a positive effect on their self-esteem, which partially supports the findings in the current study, for example that for some participants self-esteem rose and sank depending on their weight. The current study did not have participants in the same age group as Thompson's study, or participants who were White, nevertheless, the participants in the current study whose self-confidence and self-esteem were most negatively affected by being overweight, according to their reports, were on the lower end of the age continuum (e.g. reports by Participants 4, 9, 11). However, two other participants in the same age group (29 - 34) did not specifically refer to issues with self-esteem and self-confidence, or they felt that weight does not affect self-esteem, respectively. Disparities in human reactions are addressed under ***Weight - implications - social, cultural and psychological consequences*** later in the chapter.

In the current study, with one exception no participants indicated they would be satisfied to be thin, or underweight, although the vast majority wished to be lighter than they currently were. The exception was one participant who indicated how good it would feel to fit into size 32 clothes. The findings in the current study are contrary to findings by McElhone et al. (1999) that the highest percentage of European Union participants who were content with their weight (58%) out of a large sample of over 15 000 adults were women who were underweight, and a further 20% of those wished to be lighter. A possible explanation for the difference in findings between the two studies could be the



considerable difference in sample size, method of data collection, or the cultural norms referred to by participants in the current study, and in the literature (e.g. Mchiza, 2008; Puoane et al., 2005).

An additional finding of interest in the current study was participants' comparison of their bodies growing up, in their youth, and young adulthood, and now. Participants who had been overweight before were not satisfied with their body image then, and for all but two participants (18%) being overweight now, even by just 2 kilograms, was still not satisfying. This suggests that body image remained constant for the majority of the participants in the current study. For two who were not dissatisfied this had to do with acceptance of her body for her *age*, and attributed to genetics, respectively, the latter consistent with findings by Faber and Kruger (2005) regarding biological factors seen as contributing to obesity. For two participants, body satisfaction appears to have been related to the notion of what a mother's body ought to be as they did not wish to be thin but neither did they wish to be overweight; a third, also a mother, did not agree (with traditional thinking) that motherhood brought with it the expectation of being overweight, and she referred to contemporaries who had more children than she did but who were even smaller than she was thereby supporting the findings regarding trends towards lower weight.

In the literature (Cash et al., 2004; Featherstone, 2010; Ferguson 1997a, 1997b, cited in Featherstone, 2010, p. 194; Latner, 2012, cited in Cash, 2012; Tiggemann & Lynch, 2001) it was suggested that body image changes over time. Based on the findings in the current study, and references to dissatisfaction with overweight bodies in their youth, in some instances, the vast majority of participants were actively seeking to lose weight or at least maintain their weight now, which suggests their body image had not changed over time, nor were the majority of participants satisfied to be overweight

because age dictated it. The findings in the current study therefore do not completely support suggestions in the literature that body image changes over time.

***Weight - implications - HIV/AIDS and thinness.*** In the current study, the issue of HIV/AIDS and thinness was a major finding, in stark contrast to the literature (Kruger, n.d., cited by Bongela, January 2012; Kruger et al., 2005; Matoti-Mvalot & Puoane, 2012; Mchiza, 2006; Puoane et al., 2005), which stated that thinness was equated with HIV/AIDS in some cultural groupings in South Africa, and that the stigma attached to HIV/AIDS could be fuelling the obesity epidemic in this country. Not one participant in the current study associated thinness with HIV/AIDS or that being overweight suggested an absence of this disease. Instead, participants considered lower weight healthier than being overweight, and they were striving for this and attaining it through healthier nutritional and fitness choices.

In addition, contrary to the literature, HIV/AIDS was not foremost on the minds of the participants in the current study, as the subject of HIV/AIDS was mentioned by only three participants, and was first referred to halfway through the collective interviews. According to the participants, in some environments, in general, and mostly in the generation before the participants', there are still those who attribute thinness to a lack of vitality, or as an indication of general lack of wellness, wellbeing, and contentment be it an unhappy marriage, stress in the workplace, or being single and not settled, but not necessarily to HIV/AIDS.

Traditionally, a woman with a fuller figure was seen as an indication that she is happy, settled, and is being looked after by her husband. In similar vein, this view is supported by Bongela in the Mail & Guardian article (January 2012), Kruger et al. (2005), and Puoane et al. (2002). Not one participant in the current study revealed she

would rather be overweight and be seen as being free of ill health, or that being overweight was preferable to being at a lower weight. The only three participants who did mention HIV/AIDS did so in the context of perceptions of others, including some of the elders in their communities or people in church. The issue of HIV/AIDS being perceived differently by participants, and those to whom they referred, could be attributed to education, and external influences, reported on in full in Chapter Four. Certain studies found in the literature (Matoti-Mvalot & Puoane, 2010; Puoane et al., 2005) referred to the stigma attached to HIV/AIDS as a major contributing factor encouraging Black women to remain overweight, which was not supported by the reports of the three participants in the current study, who were actively engaged in losing weight and commented on the emerging perceptions moving away from that kind of thinking.

Of complementary interest is a study done in the United States (Hebl & Turchin, 2005, quoting, amongst others Crocker, Cornwell, & Major, 1997) that found both men and women tended to stigmatise obesity, and that overweight individuals experienced stigmatisation. The study also found that gender and race differences came into play regarding levels of stigmatisation, for example, White women are stigmatised more and they stigmatise obesity; furthermore, White men do not stigmatise overweight Black women, and the same is true for Black men who do not stigmatise overweight White women. The authors attributed this to the possibility of “out-group” homogeneity (Hebl & Turchin, 2005, p. 273) whereby men are not motivated to differentiate between members of other races. It would appear therefore that context, social setting and cultural beliefs play a role, whereby in one context thinness is equated with illness and carries stigma - for example thinness, obesity and HIV/AIDS in South Africa according to the literature (Matoti-Mvalot & Puoane, 2010; Puoane et al., 2005) - while in another overweight and obesity carry stigma - for example in the US according to the literature

(Hebl & Turchin, 2005, quoting amongst others Crocker, Cornwell, & Major, 1997). The findings in the current study regarding perceptions of being stigmatised for being overweight were felt by two participants, who indicated that being overweight prevented them, or would prevent them, from advancing in business; this is reported on more fully later in the chapter.

The findings in the current study regarding participants' quest for lower weight and associations with wellness rather than perception of illness and having HIV/AIDS is a major finding, in contrast to the literature, and contributes new knowledge. It has significant implications for the social construction of our individual realities. As seen from the literature, Conway-Smith in *Global Post* (November 2011) and Vanda and Roberts in the MRC's news report (December 2006), overweight has serious health repercussions, and healthcare costs from obesity-related illnesses is overburdening South Africa's public healthcare system.

Notwithstanding certain cultural preferences and norms regarding weight and perceptions of prosperity, or of illness, it would be useful to improve various national health and weight management programmes relating to the complexity surrounding issues of weight, including underweight. Such improvements could dispel many misperceptions regarding the causes and consequences of weight issues. Similarly, a remedy for weight issues could be sought in the social and personal context through influence and education. In the current study, there was allusion to "enlightenment" as a factor in changing views regarding HIV/AIDS and weight, with participants in the current study attributing the trend towards thinness to a combination of education, environment, lifestyle, and external influences from the media, and Internet.

***Weight - implications - social, cultural and psychological consequences.*** The findings in the current study revealed social, cultural and psychological issues are indeed

involved in overweight. These were identified as a major finding, and are discussed below and compared with the literature. An effort to explain individual findings is also made later in this section regarding individual reactions/responses to events.

- **In the current study, only one participant referred to herself as obese based on her weight, not her perception, while three other participants who stated they needed or wished to lose between 30 and 40 kilos would be considered obese by traditional methods of measurement, but they did not refer to themselves as obese.** Whilst issues of perception were prolific in the studies in the literature (e.g. Faber & Kruger, 2005; Kruger et al., 2005; Puoane et al., 2002; Skaal & Pengpid, 2011), one cannot draw comparisons between the current study and the findings (Atlantis & Ball, 2007) that perception alone could potentially be causally related to depressive symptoms among obese individuals compared to those who perceive themselves to be at an acceptable weight.
- **Regarding weight and leadership, contrasting views were found in the current study. One participant was of the view that overweight was an issue of self-control and that an overweight leader could not lead (Participant 7), and another recounted the notion that a more full-figured women was deemed to be in control of her life (Participant 3),** hence both supporting and not supporting the finding in Gerber (2012) that being overweight was an issue of self-control, and if a leader was overweight, he was viewed as being out of control and was viewed with less respect. A possible explanation for the contrasting views in the current study has been given under the discussion **Mentoring and Role Model** later in the chapter.
- **The findings in the current study as reported by some participants regarding attitudes towards the demeanour of obese/overweight individuals and their capabilities** is consistent with Goedecke & Jennings (2005) that social prejudices and

perceptions often result in preconceived ideas regarding an obese person's demeanour, and what his/her tendencies or abilities might be.

- **As mentioned in the discussion regarding findings by Atlantis and Ball (2007) above, in the current study, only one participant referred to herself as obese while three other participants would be considered obese by traditional methods of measurement. As a group, three-quarters of them reported negative emotional states, two of which were considerably strong** therefore there is partial support for the findings in Johnson (2012) that apart from issues of mortality and various health and physiological issues, for example, blindness, and leg amputation, obesity also diminishes quality of life and obese people are far more likely to suffer from depression.
- **In the current study, participants' perception of their weight status was accurate even if there might have been some doubt as to whether participants were actually overweight or obese.** One can therefore not draw comparisons between the current study and Paeratakul et al. (2002) that wrongly perceiving one's weight status, even when not overweight, can lead to negative consequences, or with the findings of wrong perception of weight that has been prevalent in the literature (e.g. Atlantis & Ball, 2007; Faber & Kruger, 2005; Puoane et al., 2002; Skaal & Pengpid, 2011).
- **Only one participant in the current study referred to herself as obese,** and her experiences support some of the findings in the study by Prinsloo et al. (2011) that obesity has a considerable impact on psychological and emotional wellbeing, as well as on an obese person's self-esteem, quality of sleep, functional abilities and daily activities. **However, for some overweight participants in the current study, Prinsloo et al.'s findings are supported as follows: That overweight and obesity**

**influences psychological and emotional wellbeing (Participant 4), results in poor quality of sleep by being interrupted due to asthma (Participant 5), affects functional activities in the workplace (Participant 1, now, Participant 10, when she was considerably overweight, Participant 7 if she became more overweight), and affects daily activities (Participant 1).**

*Negative emotional implications.* The participants in the current study recounted experiences of negative emotional states, psychological distress or discomfort, which they experienced as adults. These experiences however varied in the impact they had on the participants. For at least two participants (Participants 1, 4), the consequences were debilitating, and robbed them of an authentic life, consistent in part with Prinsloo et al. (2011).

Two additional findings in the current study are of particular interest. A participant who stated she was 40 kilograms overweight, was dissatisfied with her body overall, and whose self-confidence wavered in social interactions did not appear to waver in self-confidence in her business environment despite her perception that those who are not overweight find it easier to get the attention of others. The experience of another participant who was 30 kilograms overweight, apathetic about her body overall, and expressed doubts about overweight women being considered leaders translated her being overweight into limitations for advancement for herself personally, not unlike the other participant who felt hampered in her ability for advancement in business due to her being 40 kilograms overweight. Whilst neither of these participants revealed actual personal experiences of being stigmatised for being overweight, their perceptions alone were hindering their progress in business.

Weight-based stereotypes and negative bias are discussed in more detail under **Noteworthy findings** later in the chapter. Of additional interest, is that even the

participants who did not mention specific emotional or psychological distress, and expressed light heartedness in the form of laughter and chuckles had some psychological discomforts during the process of being overweight, wishing to lose it, expending time and effort in trying to do so, and spending money on weight loss products and gym memberships (Participants 1, 3, 5, 7, 10, 11).

The negative consequences and challenges revealed by participants in the current study were not restricted to the present-day realities faced by the participants, and included negative challenges faced in their youth. In the current study, three participants (27%) discussed their childhood specifically; each story was different, making integration of these stories difficult. Two participants were thin as children - one was urged to eat and was nicknamed a ghost; the other having felt what it was like to be thin as a child, did not wish to follow her family's example and become an overweight adult.

In contrast, the childhood of a third participant was characterised by weight management challenges including consequences of risking becoming sick, and feeling unattractive. This particular childhood experience has been echoed in the literature (Rubin, 2008) in a story about an overweight boy who was taunted by others, and would have to hear children yell across the schoolyard: "Hey chunky!" (Rubin, 2008, p.186). He would laugh, but then he would go home and cry, while consoling himself with fattening foods. This child did lose weight and people did not make fun of him again. The relevance of this particular story in the literature relates not so much to the participant in the study directly, rather to one of her sons who is overweight, as is the son of another participant in the study, and both these children are feeling the consequences of being overweight but by way of their parents' mentoring, are being supported in their weight management efforts.

*Positive emotional implications.* Not all instances of overweight in the current



study, however, were considered exclusively negative, for example a participant who considered herself considerably overweight, and wished to lose at least 30 kilograms, did not wish to be a thin mother. In similar vein, findings in literature (Vanda & Roberts in the Medical Research Council's news report, December 2006) showed that the obese group who had various medical consequences of obesity had a significantly higher level of satisfaction with life compared with their lean and overweight controls. When participants in the current study saw results, the positive effects were felt in their interactions with other individuals.

These findings appear to be supported by the findings of the study by Riley et al. (1997) that suggested body size is an important factor in self-image. In the current study, one particular participant's view seemed to digress from others in that she stated self-confidence and self-esteem come from within, and being overweight or having a good body does not affect one's internal emotional state. Furthermore, it was found that while participants themselves could be in an overall negative or neutral frame of mind, they could still be positively mentoring their children to be beautiful on the outside as they are on the inside (e.g. Participant 4, 8). These findings seem to suggest that neither positive nor negative emotional states are constant or pervasive.

*Individual responses.* An additional factor of complementary interest is the notion of the possibility that something outside of the individual affects the way the individual views and responds to an adverse condition. In the current study, for example the issue of self-confidence was reported as being influenced by internal and/or external factors depending on participant: On the one hand that self-confidence comes from within and is unaffected by an external factor, for example one's weight (one participant), on the other that self-confidence is directly and negatively affected by external factors such as a person's own (overweight) body (three participants). The participant who said that

self-confidence comes from within also discussed at length the kind of childhood she had, that she was supported, heard and encouraged by her parents.

One's parents and the conditions of one's childhood are outside of one, and socially constructed. The participants who were negatively affected by their (overweight) bodies chose to perceive an external stimulus as negative. Perhaps the combination of negative views about overweight people and any health issues resulted in the self-confidence and self-esteem of these three participants to be at the mercy of external factors. Regardless of the stimulus, and the fact that both the positive stimulus and the negative stimulus were external, all participants had a choice as to how they responded. If overweight is the external socially constructed stimulus, participants should have the same internal issue. What then is the fundamental difference between participants' experiences?

One could speculate that social support might act as a buffering mechanism, or that biological and environment factors could have an influence. An attempt at an explanation could be a concept by Jungbauer and Ott (2009) whereby the authors referred to there being various life stressors that can affect areas of personal wellness, represented by the equation 'Stressors + Intervening Factors = The Stress Response'. They drew attention to the efficacy of key intervening factors drawn from The Wellness Model enabling individuals to alter the stress response, namely Self-awareness (naming one's stressors, identifying one's triggers, recognising one's response) (Jungbauer & Ott, 2009, para. 4), Self-responsibility by moving away from a victim mindset *inter alia* by reframing situations, choosing a healthier lifestyle, sharing feelings and communicating honestly, and using laughter and humour (para. 6), and Empowerment by taking various actions, for example praying, meditating, creative expression (para. 7). These arguments

could also find applicability in individuals' overall response to being overweight, as witnessed by the reports of the participants of the current study, where some participants could be lighthearted about all the challenges (e.g. Participants 3, 5), while others felt debilitated (e.g. Participants 1, 4). Whilst there could be other explanations for the different responses regarding certain stimuli, the determinants are not within the scope of this study but could be worth exploring in future studies.

***Weight - implications - health concerns.*** Of the 11 participants in the current study, only four participants (37%) mentioned having health issues ranging from asthma to high blood pressure, and for just one of these participants, a whole host of other health issues. In addition, some referred to their overweight parents or grandparents who had health issues. The overall findings in the literature are that overweight equates to health issues (e.g. Conway-Smith, November 2011; Johnson, 2012; Kruger et al., 2005; Prinsloo et al., 2011; Schutte, n.d., cited in Vanda & Roberts, 2006; Skaal & Pengpid, 2011; Steyn, 2005; Steyn et al., 2012), which was not the finding in the current study as not all participants in the current study had health issues or mentioned any. In the current study, only one participant specifically said she had no health issues, and neither did her (overweight) grandparents, while the remaining six participants did not mention health issues. Of the known health status of these participants, as reported by them, just over one-third had health issues, which seems to suggest that being overweight ought not to be seen as an automatic prediction or indication of ill health.

***Weight - motivation for weight loss and weight maintenance.*** In summary, based on the data analysis of the various Basic themes utilising Thematic Networks, two key sources of motivation for weight loss and/or weight maintenance amongst the majority of participants appeared to be issues of wellbeing and health, and to have freedom of choice regarding clothing, as reported on in more detail under Basic theme 5, Motivation and

Choices in Chapter Four. As the current study dealt with participants' subjective experiences, one cannot attempt to evaluate why matters of clothing would be deemed more important than issues of wellbeing and health, and vice versa. What was important was that participants placed value on issues of wellbeing, health, image, and clothing for their own reasons. In the words of Dr. Orloff (2009), "... how you react emotionally is a choice in any situation - and those cumulative choices can make or break your chances for well-being" (Orloff, 2009, Location 543). Acknowledging different points of view and constructions of the world speaks to the Constructionist perspective that whilst two people can see the same thing, what could differ is the meaning they attach to it. As Burr (2003) reminds us, there exists "one of many possible constructions of the events" (Burr, 2003, Location 248).

***Shape.*** The second aspect of body image that was explored was shape, and the findings were a major finding in the current study. What appeared to be absent from the reviewed literature, however, was the issue of shape, with one exception, a study by Schuler et al. (2008) in which they quoted Rucker and Cash (1992) in stating that ethnic differences in body shape perceptions could account for the higher prevalence of obesity in older African-American women compared with European-American women. In the current study, shape proved to be a considerably prominent issue for participants, either in the sense of what shape they desired, or what shape they were. Regardless, participants did not equate larger shape with obesity, rather higher weight and larger size were the factors involved in perceptions of overweight and, in one case, obesity. Those who specifically mentioned their shape, and the one participant who also mentioned the shape she aspired to, all mentioned Pear shape. According to those participants, a traditional African woman's body is pear-shaped.

A finding of interest in the literature however is part of a larger study by Puoane et

al. (2002) that was not focused on shape, but nevertheless concluded that apple-shaped obesity (which they refer to as abdominal obesity) was found in White men and in urban African and mixed-ancestry women, whereas pear-shaped obesity was found to be more prevalent in African men than other ethnic groups. The finding regarding apple-shaped obesity in urban African women is contradictory to the finding according to the majority of the participants (eight participants, 73%) in the current study who specifically mentioned their shape or the shape of an African woman, either by using the word “pear” shape (five of the eight participants, 63%) or by describing the larger lower body and narrower waist. In an effort to explain these contradictory findings, one might say that it could be because of different focus: The participants in the current study were asked how they perceived their bodies; they saw a shape, with larger lower body and narrower waist, which is known as “pear shape” and correctly referred to it as such. The study by Puoane et al. (2002) on the other hand measured actual body fat using BMI as an indicator of obesity and waist/hip ratio as an indicator of abdominal obesity (Puoane et al., 2002, para. 2), which could also account for the disparity in the findings.

Regarding body shape universally, Dr. David Heber, Director of the Centre for Human Nutrition at UCLA in Los Angeles, gives the distinction between body shapes as follows: The female Apple shape has upper body fat, including in the face, neck, breasts, and waist (Heber, 2005). In contrast, Pear-shaped women have lower body fat that is found on the hips and thighs. Women are born with different shaped bodies as well as with different-sized hips and thighs. In his bestselling book, *L.A. Shape Diet*, Heber remarks there is nothing wrong with carrying fat on the hips and thighs, “except that our modern society has labelled it bad” (Heber, 2005, p. 247). Historically women with this kind of shape were in demand and indeed biologically reflected what was desirable, but there is now what he calls “a disconnect” (p. 247) between women’s genetics and what is

considered attractive in today's world.

Scientist though he is, Dr. Heber referred to celebrity culture and specifically mentioned a backlash occurring when, for example, a well-known actress, Jennifer Lopez, brought out a line of lingerie “in large sizes” (Heber, 2005, p. 247). According to Heber, African-American women and men have spoken out about the attractiveness of larger women, which is consistent with the reports by participants regarding general expectations but also with literature (e.g. Mchiza, 2008). What emerged from the current study is that participants acknowledged the body shape that is larger on the hips and thighs (at least two participants) and that the pear-shaped body is very much that of an African woman. One participant in particular best articulated the concept of an African woman's body by saying she has always known she has “*the shape ...*” (Participant 9), which she went on to describe and compare with the shape of White women, and a particular American celebrity:

I have this, shape, the shape, because if you're built like me you wouldn't know maybe as a White person ... you are built very well, that structure it's what a lot of women would aspire to be unfortunately it's shape, you cannot make an application for this ... so this is why a lot of American women like ... your Jennifer Lopez, a whole lot of people will go and get them, some, what do you call them bums, booty ... (Participant 9)

Participants mentioned the influence of three African-American celebrities, namely Beyonce and Jennifer Lopez, who have that specific shape, and Halle Berry, whose figure is different from the other two, but according to one participant, Beyonce and Halle Berry changed the perspective of the African culture in South Africa, and the celebrities became role models for a certain type of figure although not by being overweight and unhealthy.

Indeed, this same participant (Participant 4) was of the view that the “Americans” as she termed it changed the world's view, was the most “in your face”, and created “a

collusion” between that and what the culture knew up until then: **“Even if you look at the majority was *big* so it became acceptable and that’s ... why ... you have to eat, because they didn’t know any other things ... until someone came on TV skimpy ... that is good”** (Participant 4), and that the “Americans” became the role model **“For the *whole* world in fact”**... **“It’s like there was a *collusion* of images ... and the one image won because it was being sold so nicely ...”** (Participant 4). This participant’s words are not far removed from other participants’ regarding the influence of the West on African cultures in South Africa. Furthermore, the issue of “not knowing better” though not only regarding shape, was echoed by other participants who spoke of those who had remained in their places of birth and knew no other life (Participant 10), and who had not made progress in the way participants had, in terms of education, occupation, and thought-processes (e.g. reports by Participants 3, 6, 7, 9, 10, 11).

## **Question 2. “What are the cultural expectations for women’s bodies?”**

***Weight - tolerance.*** According to the participants there is an expectation of a fuller figure for women for the cultural groupings that were represented namely Zulu, Xhosa, Northern Sotho/Pedi, even though the participants themselves were more inclined towards less full figures, with the exception of one participant of Tswana heritage who stated that those of Tswana heritage had a preference for a smaller body. In addition, emerging trends were changing traditional perceptions either because of the influence of Western outlooks or by interactions with other African cultures. Both the status quo and the emerging trends revealed in the current study seem to align themselves with a study by Chirkov et al. (2005) who discussed inter alia self-determination and cultural practices, and that culture explains a considerable amount of variance in human behaviour (Chirkov et al., 2005, p. 438). Sibiyi (1990) for her part, summed up the effect of culture as being considered the source of wealth and wisdom that needs to be preserved but at the

same time needs to be refined in order to be “relevant to current trends” (Sibiya, 1990, p. 23).

The participants in the study appear to have embraced certain aspects of their respective cultures while at the same time exercising their power of self-determination in applying healthier lifestyle choices based on trends filtering through to their communities. In this regard, the cultural expectation for women’s bodies was supported in the literature. Puoane et al. (2005) found the traditional demand for a bigger body size is in conflict with the ideal body size in Western society. In Mchiza’s (2008) study, the participants who were Black mothers and their daughters were asked to choose their ideal body type. The participants all preferred bigger body sizes when compared to White mothers and their daughters, who preferred thinner bodies. Mchiza added that the study confirmed that Black women saw bigger bodies as attractive. In their study, Prinsloo et al. (2011) stated that the Black population has greater tolerance for larger body size, which was in conflict with the strong views of two participants in the current study who claimed people are lying when they say they are happy being overweight, and that Africans/Blacks want to be overweight. A possible explanation might be the social-economic influences mentioned by participants.

Consistent with literature (Bongela in Mail & Guardian, January 2012; Kruger et al., 2005; Puoane et al., 2002) was the perception revealed by participants in the current study that in some cultures being overweight was a sign of prosperity and wellbeing, and that husbands and wives are taking care of each other. Whilst this might have been the cultural perspective, both in the literature and as mentioned by participants (e.g. reports by Participants 5, 7, 9), for themselves and their own lives, participants were not being



swayed by the argument that being overweight equates to being well, happy, healthy; for example, Participants 5 and 11 not only share their weight loss aspirations with their husbands they also jointly engage in healthier nutritional practices and exercising, and instill those lifestyle choices in the lives of their children. Furthermore, in the article in the Mail and Guardian (January 2012), Bongela referred to prosperity and overweight, including large stomachs for men as being a prerequisite for respect in the African community, and a sign of maturity as mentioned by Health Minister Motsoaledi in the above article. In the current study, one participant alluded to a double standard by referring to emerging trends for women to be slimmer but that men could have big stomachs, in line with the literature regarding the latter.

I think there's more expectations on us as women to look slim and trim and what-what, rather than on our men ... because if the man has got a big belly there's no problem about it ... the wife or somebody won't comment about it, but if you are a woman who gain a kilo or so even the husband will comment ... (Participant 10)

***Weight - influences on cultural expectations.*** The findings revealed that Western influences have filtered through to communities in South Africa, and have affected the way in which they view themselves and their cultures. This was a major finding, the conclusion of which was reached from the findings related to the Basic themes Traditional Expectations, Emerging Attitudes, Tensions and Differences; Physical Environment, Education, Occupation, Media and Technology, reported on in the previous chapter. From the reports by the participants, it would appear that participants and their immediate families sought to make lifestyle changes for the better because of their education, their occupations, and their environments.

Following the changes in the country after 1994, participants in the current study were exposed to other points of view that appear to correspond with what they wished for themselves in order to improve their lives. The theme of wishing for a better life for

themselves and for their families refers to the second/last Global theme (per Attride-Stirling, 2001) as identified during the analysis process in the current study. This Global theme “**Knock-on effect culminates in a wish for ‘a better life’ for themselves, their children, and extended family**” was derived from the various Basic themes utilising Thematic Networks. The findings were not consistent with the existing body of knowledge regarding influence, for example Christakis and Fowler (2007; 2011) whose findings showed that individuals’ weight was adversely affected if peers, spouses, friends or siblings were overweight, neither were they consistent for example with Gerber (2012) regarding Christians being role models for others in that they were not intentionally setting out to be role models for others. Instead, according to their Evangelical teachings, an overweight person was deemed not to be in control of himself and therefore could not be seen as a Christian exerting influence upon others.

Furthermore, in the current study it appears that there was some tension between participants’ traditions and the merits in the knowledge and outlook from other cultures. Nevertheless, while being cognisant of the expectations of their culture and the way they grew up, none wished to live the traditional life again, at least not when it came to weight management issues. For example, one participant was conflicted regarding the issue of whether a woman who is happy should be overweight, or if being unhappy adds to the weight. However, she, like other participants, was willing to embrace something different, yet retain some of the traditions, best captured by this quotation from a different participant:

... you just don’t have to forget where you come from ... it has *made* me who I am, it doesn’t mean that the people before me were dumb ... they managed to raise me to be the woman that I am today, I still respect them ... no matter where I can go and that is being instilled in my daughters ...  
(Participant 6)

Emerging trends were discussed by participants, and some mentioned those who

have not moved from townships and who have not evolved, and retain the old ways of thinking. The same was apparently true with some of the younger generation males who are still sticking to old ways, and, for example still believe women are inferior to men, cannot be in leadership positions, and cannot give orders to male subordinates. In the words of one participant, whose input regarding gender issues was used to discuss this unique theme:

... previously from a cultural perspective ... as women we were expected to be submissive ... like they used to say the place of the woman is in the kitchen ... but now I think things are changing, we are more *assertive* ... and that in a way is a threat to men in the workplace ... because they are trying every way to sabotage you with information or whatever ... so especially if you're a woman and they're reporting to you ... so there's still that thing to say as a woman what do you know ... can't take instructions from a woman ... although in the workplace we try to overcome those things but they are still [unclear] ... some people's attitude don't change ... (Participant 10)

This is supported in the literature that refers to the situation prior to 1994 (Deane, 2005; Domenico & Jones, 2006; James, 1983; Milazi, 1993; Ngcongco, 1993; Pretorius, 1982) where women were variously viewed as minors, or lead by males, had no decision-making powers, and where access to a different work environment was out of the reach of the majority of Black women. Since 1994, and departing from the traditional view of Black women needing to remain in the shadows, Jansen (2012) discussed the increase in Black women graduates compared with their male counterparts, and that women will gradually assume leadership in corporate boardrooms and university senates, all of which has consequences for the patriarchal society in South Africa.

The findings in the current study revealed that the males in the participants' personal lives were themselves professionals in some cases, or even if they were not, they were not threatened by their wives' education and occupation, and in only one instance was there reference to gender issues in the work environment. These changes to the

economic landscape have affected the manner in which traditional expectations regarding Black women's bodies are seen and dealt with, both by the participants who have chosen healthier lifestyles and strive for lower weight, and by those with whom they interact in both the business environment, and in their personal environments.

A study of complementary interest in the literature relates to Western influence on psychology, in which Baloyi (2008) argued that there needs to be a major rethink in order to affirm the validity of indigenous African ways of doing and knowing, as psychology remains a reflection of Western experiences and perceptions of reality. The implication of this is that whilst various cultures are intermingling, and, for example, Black cultures have been influenced by the West regarding lifestyles, and various cultural groupings are working alongside one another in the workplaces represented in the current study, the study of human behaviour does not appear to be providing similar tolerance and understanding of the differences in the various cultures. According to the Constructionist perspective, however, psychology is not a unified progressive body of knowledge (Gergen, 2009) and instead is composed of a "variety of quite distinct and often incompatible fields" (Gergen, 2009, p. 261).

In contrast, at the core of Constructionism is the view that all descriptions and explanations of the real are created through communal practices (Gergen, 2009, p. 262) and that as various communities share their language, values, and practices, they create what they take to be the nature of the real (Gergen, 2009). The West has influenced cultures in South Africa, and participants in the current study were changing their lifestyles according to other values and norms; it is therefore somewhat incongruent that Baloyi (2008) argued as he did about the need to affirm the validity of indigenous African ways of doing and knowing and that psychology remains a reflection of Western experiences and conceptions of reality. Whilst I do not know the answer to these

conflicting views, this is well within the Constructionist perspective of realities being socially constructed and the existence of different points of view.

**Question 3. “What are their [participants’] experiences regarding their cultural norms *vis à vis* what is expected and deemed appropriate regarding body weight, body shape and body size in the professional working sector in which they work?”** In general, in most of the workplaces represented in the current study, the common trend was towards lower weight, fitness, and better nutritional habits regardless of the cultures or races involved as attested to by participants, for example that White male bosses were also engaged in weight loss strategies. Participants worked in environments with a diversity of people from different cultural backgrounds and regardless of gender and, with the exception of isolated incidents (discussed under Basic Theme 19, Expectations, in Chapter Four), the issue of weight management was not a source of conflict or tension. Indeed, it was more a point of commonality and camaraderie. In at least seven of the 11 workplaces (63%), colleagues interacted in positive ways, shared ideas regarding better weight management, and were a source of support and encouragement. Thus, the working environments revealed themselves as tolerant and open regarding issues of weight management thereby providing impetus towards fostering understanding between divergent groups of people, and responding to trends towards healthier lifestyles (Cowland, January 2013; Pilzer, 2002; 2007; Strom, September 2013).

Regarding tensions or expectations from the companies themselves, the participants revealed that there were no expectations from senior management and the organisations themselves regarding issues of weight or physical appearance related to weight, shape or size. It is possible that anti-discrimination laws alluded to by some participants, prevented official expectations regarding weight, shape and size. Whilst not

an official expectation, there was a personal expectation and preference by a participant who is a senior department head. Overall, however, the tolerant working environment was discussed by the vast majority of participants, including the one environment where no discussions about weight took place where, nevertheless, the majority of high-level staff, both male and female, were considerably overweight, but this did not factor into what they were there to do, namely focus on the work at hand. As no literature appears to be available regarding the specific question of cultural expectations regarding weight, shape and size in the professional working environment, the findings in the current study could fill this gap.

Notwithstanding overall tolerant, supportive and disinterested environments found in the current study, there were three isolated exceptions with a common denominator of negative and judgemental attitudes and bias towards those who are overweight. Apart from the issue of one overweight employee physically unable to do the job for which she had been employed, it was noteworthy that that particular employee was viewed by her superior and her colleagues in a negative light due to her weight. According to the participant, the subordinate's overweight body drew attention to everything about her, right down to the manner in which she sat at a table, and how she ate, and the effect it had on her colleagues who would complain to their superior (the participant in the current study) that they were expected to carry her workload, or frequently bring her things from the kitchen even if they were on the way to the bathroom. This negative bias was echoed by another participant in a different company who spoke of how overweight people are perceived as clumsy, lazy and as always eating.

Regarding (over)weight and size bias in the literature, Dittmann (January 2004) referred to health care professionals including psychologists working with obese patients having negative biases regarding the individuals' behaviours, referring to them as "lazy,"

"stupid" and "worthless" (Dittmann, January 2004, para. 4, line 2), and negative views about the outcome of treatment with such patients. In their study, Schvey et al. (2012) found negative bias by male participants towards obese female "defendants" in a simulated study, but no bias by female "jurors" towards obese females who judged defendants equally, and no bias by male participants was found towards obese male defendants. Another study by Puhl and Heuer (2009) referred in addition to the impact of weight bias on the broader community. What was perhaps not unexpected in Puhl and Heuer's study was that those who are not overweight have stronger weight bias and negative attitudes compared with those who are overweight.

However, in the current study, ironically, it was an overweight participant who had a strong aversion to individuals who are obese, while two other participants, both only slightly overweight according to their perceptions, showed empathy with individuals who are overweight and are targeted by negative and judgmental attitudes. I cannot explain why an overweight individual would have a negative attitude towards those more overweight than her. A limited search for this phenomenon in the literature only revealed bias towards those who are obese (e.g. as cited in Dittmann, January 2004) not by those who themselves are obese or overweight. A comprehensive exploration could possibly have found relevant studies but is beyond the scope of the current study. I can therefore only speculate that the participant in the current study, whose level of satisfaction with her own weight fluctuated, could have an unconscious fear of her own potential to become obese, and projects this onto others. "You never really understand a person until you see it from his point of view... until you climb into his skin and walk around in it" (Atticus Finch quote in Orloff, 2009, Location 1708).

***"Fat is an issue" and influences vitality.*** Regarding the Global theme **"Fat is an issue" and influences vitality**, which was derived from the various Basic themes

utilising Thematic Networks (Attride-Stirling, 2001), the findings in the current study which were reported on in Chapter Four and discussed above revealed that for the majority of participants being overweight is certainly an issue and does affect vitality in various ways.

The negative effect of being overweight or obese has been documented in the literature. For example, perceiving oneself as underweight or as overweight, rather than misperceiving one's actual weight were significant risk factors associated with psychological distress (Atlantis & Ball, 2007; Paeratakul et al., 2002); obesity has consequences for mortality, various health and physiological issues, diminishes quality of life, and obese people are far more likely to suffer from depression (Johnson, 2012); among both women and men, higher BMI was significantly associated with body dissatisfaction but which was in addition positively associated with trying to lose weight (Millstein et al., 2008); among Black women, a higher body mass index is associated with poorer self-image and lower body size satisfaction and that these perceptions may be an avenue to promoting weight control (Riley et al., 1997, p. 1062); and adults stereotype the obese as lazy, ugly and stupid (Wardle & Cooke, 2005).

At the same time however, some studies indicated that individuals could be obese and overweight but do not appear to have issues with these. For example, most of the participants were unconcerned with their weight (Faber & Kruger, 2005); Black women saw bigger bodies as attractive and that women with bigger bodies are considered as HIV/AIDS-free in Black communities (Mchiza, 2008); and Black women are more satisfied with their bodies than are White women, and that Black females report greater satisfaction with the size, appearance, and function of their body (Roberts et al., 2006) despite references to challenges to this view. The findings in the current study revealed that almost half of the participants were content with their bodies overall (5/11), over one



quarter were satisfied (2/11) or happy (1/11), and approximately one-eighth were either dissatisfied/unhappy (1/11) or apathetic (1/11) regarding her body overall. On balance, therefore almost three-quarters of the participants in the current study were on the positive side of the continuum, even if the majority were engaged in weight loss and weight management activities.

Thus, the findings in the current study appear to be somewhat supported by the literature that showed satisfaction with participants' bodies even though the measurement of satisfaction differed, namely in the current study participants showed tolerance towards their overweight status but were actively engaged in actions to lose weight, improve health, maintain healthy weight, and fit into clothes of their choice, whereas participants in the studies cited above accepted their overweight status and appear not to have seen any need to lose any weight, possibly because of the positive values ascribed to being overweight (Bongela, January 2012; Puoane et al., 2002).

### **Section 1: Conundrums**

Separate from other areas of the current study, which required me to ponder their significance, and/or search for relevant additional literature, I faced two additional conundrums. My reflections are explored below.

***Conundrum - perception of overweight.*** With each interview I did, I was struck by the fact that I did not perceive the participant to be particularly large or especially disproportionate in terms of shape in the way she perceived herself to be. Indeed in two particular instances, I wondered to myself how the participants could perceive themselves as anything but the optimum shape and size. My perception and their perceptions were strikingly different, and this could be attributed to cultural variation referred to by Bramble et al. (2007) even though their study examined the cultural context of good

health and perceptions of obesity and overweight management among African-American and Caribbean-American women, and was not related to clothes.

Nevertheless, regarding the current study and my conundrum, I pondered whether my perception had been based on a more generalised, stereotypical perception of shapes and sizes that seem to exist in certain cultural groupings in South Africa, while participants' perceptions of their bodies might have been evaluated against the influence that Western values have had on them and their cultural norms. An additional factor in the conundrum is that with one exception, participants wore skirts, blouses, jackets, or a dress. After some reflection, I have concluded that my perception could be based on stereotypes, and assumptions, the latter because eight of the 11 had approached me for solutions to their weight management issues, which could have led me to false conclusions about their shapes and sizes.

In addition, perhaps their choice of clothing concealed their actual shape and size. Regardless of my perception, however, the purpose of the study was to explore the way this group of women saw themselves, and to increase our understanding of other people. For purposes of this research, my own perceptions would have been largely irrelevant except that researchers are not distinct from those with whom they are conducting the research, and as stated in Chapter Three, the interaction between researcher and the participants of the study is itself a key part of the sociological enterprise (The A-Z of Social Research, Constructionism, Social, 2003).

***Conundrum - metaphors.*** Being conscious of language usage during the interviews, I was struck by participants' descriptions of their body size and their shapes, and that none used any metaphors to describe their bodies. None said, for example, "I'm as big as a house" or "I look like an elephant" or "I feel like a whale". To what can we attribute the lack of use of metaphors? From my point of view, the simple answer to this

question is, Language. English is not the mother tongue for any of these participants, notwithstanding their level of education and that English is the language of tuition and of business. I do not know if the use of metaphors is prevalent in any of the African languages that were represented in the study or if the lack of metaphors was because of something other than language.

Norquist (n.d.) suggested that metaphors “... aren't merely the candy sprinkles on the doughnut of language” and instead are “ways of thinking and also ways of shaping the thoughts of others” and “... because figurative comparisons lie at the heart of language and thought, they have been pinned down and picked apart by scholars in a wide variety of disciplines” (Norquist, n.d., lines 1 - 8). He stated further that it is difficult to imagine how individuals would get along without metaphors as we all regularly think, speak, and write in metaphors. In addition, a metaphor is sometimes related to rhetorical figures of speech, and in one interview (with Participant 1), when discussing that other people are losing weight or are able to eat unhealthy things and not gain weight, I asked a rhetorical question, “What is it that they’ve got that you haven’t got (rhetorical)”. Participant 1 responded, **“I don’t know. I don’t know. I don’t know. I don’t know”**. At the time, I took note of this particular response, and wondered if my question had indeed been rhetorical as I intended, or if it had been heard as literal. Regardless, her response alerted me to the theme of despair for this particular participant.

Furthermore, language has been said to be at the heart of Constructionism. To quote Burr (1996): “... social interaction of all kinds, and particularly language, is of great interest to social constructionists” (Burr, 1996, Locations 142-149), and Gergen (2012):

... we each have our own private and personal experience of the world. It is through such experience that we come to know the world ... When we meet ... we try to communicate our experiences to each other. Coupled with the idea that we first experience the world, and then try to put the

experience into words is the view of *language as a picture*. That is, if our experience mirrors the world - thus providing us with a mental picture - then effective language should communicate to others the picture in our

minds. In effect, the language could then give you a picture of the world - at least the way I experience it. (Gergen, 2012, Locations 315-325)

Despite there being no use of metaphors in the current study, was I given a vivid picture of the world in the way the participants experienced it? I believe so. To quote Gergen (2009): "... in the right conversations even a muffled grunt can be endowed with deepest significance" (Gergen, 2009, Locations 331-334). I felt their angst when they were recounting their stories about dieting, eating correctly and battling to lose weight. For example, Participant 1 said, "... **I don't know what to do. I really don't know what to do**" and "**I'm trying to help myself ...**", or Participant 3's utter weariness about having to be on a diet, or for example how Participant 9 hated her size, or how Participant 4 felt she did not fit in anywhere because she was overweight.

I also felt and shared in participants' sense of humour regarding their weight management challenges, epitomised by the story of one participant who shared her experiences and mirth about having three scales on which she weighs herself, referring to them as a "she", weighing herself at different times of day, placing them on different surfaces of the floor and still not getting an accurate reading: "**I'm *angry* with the scale ... (participant big laugh) I'm telling you (participant big laugh) I've got *three* scales, yes, yes ...**" and "**... the morning weight is worse than the afternoon so you become angry ... (Laugh), no don't want to hear, bring the other one ... if it gives me even more**" (Participant 5). At the same time, I could feel the apathy experienced by one participant who though concerned a little about her father's diabetes and her own challenge with asthma, or became offended by comments about her large stomach, could quite simply not stick with the mindset to motivate her to lose weight:

I was due for an operation, which I did this year ... and the doctor's ... maybe if you lose the weight it will come right, then I was like, okay I'll take, I'll do something ... and okay ... I went on holiday, forgot about that, came back, tried it, and ... then, I think also just staying alone ... 'cause [sic] then you find that you just bored don't even wanna [sic] cook... and then you just let go *again* ... as for the comments, ya, they do irritate ... (Participant 7).

Sharing their stories without the use of metaphors, and using clothes size to determine their perception of overweight and my understanding of what they were saying fits with Constructionism. We understand the world through interactions with people and comparing views (Gergen, 2012) and "Nothing exists for us as an intelligible world of objects and persons until there are relationships" (Gergen, 2012, Locations 331-334). Finally, Berger and Luckman (2011) refer to our everyday lives and what we share with our fellowmen by way of language (Berger & Luckman, 2011, Locations 685-691) and state that "An understanding of language is thus essential for any understanding of the reality of everyday life" (Berger & Luckman, 2011, Location 685-691). I would propose that verbal cues coupled with non-verbal cues such as laughter and animated speech, make for a rich exchange of experiences and contribute towards a sense of community.

### **Section 1: Noteworthy Findings**

The findings pertaining to Global themes, with their Organising themes that were informed by their Basic themes were presented in the previous chapter, using the words of all participants who gave attention to the various themes, not just one or two as a random representation of the findings. Also, my perplexity at difference in perception regarding overweight, and the absence of metaphors has been discussed. However, in acknowledgement of the underlying conceptual aim of the entire study, namely to gain a better understanding (Booth et al., 2008) of the cultural differences regarding body image and experiences in the corporate environment, I have reflected upon three of the Basic

themes in particular, namely **Misperceptions** about overweight and people who are overweight, **Opinions and Judgements** about overweight, and influence in the form of the **Knock-on effect**. I discuss my reflections below.

**Misperceptions, opinions and judgements.** In the current study, three participants shared what they had experienced regarding others' views and behaviours towards people who are overweight. Two participants expressed their personal views, one "negative" and the other "positive" regarding overweight people. I enclose negative and positive in quotation marks as I am mindful of the many constructions of an event, and that what might be perceived as a negative by one person, might not be perceived as a negative by another. The concept of meaning is subjective and experienced differently by each individual (Gergen & Gergen, 2008), and is socially constructed, thus constructs may vary given the social influences affecting its construction.

The misperceptions surrounding the issue of overweight and people who are overweight, namely that overweight people eat all day, are clumsy or lazy is echoed by Dittmann (January 2004) and Goedecke and Jennings (2005) who stated that notions of obesity bring to the surface biases, social prejudices and perceptions regarding an obese person's demeanour and his/her tendencies or abilities. This was also asserted by Dr. Puhl (n.d) in discussing size bias. She stated that by believing and accepting certain weight-based stereotypes, for example that obese people are lazy "we promote an environment of intolerance and prejudice, leading to unfair treatment of individuals who are overweight" (Puhl, n.d. para. 8, lines 2 & 3). This is in conflict with the ethos and underlying aim of the current study, to contribute to our understanding of the experiences of a sub-grouping of individuals regarding issues that are of personal relevance to them.

**Mentoring and role model.** Of the 11 participants in the current study, the majority discussed being role models or mentoring the people in their environment,

including their children and extended families. Participants gave various reasons why they were considered role models. These varied from the fact that all participants were the first in their families to study at a tertiary level; for all the reasons mentioned earlier in the chapter, all had consciously chosen healthier lifestyles and were actively working towards maintaining healthier weight, and changing their shape and size through their eating habits, that were different, in general to those of their family, and in some instances through physical activities such as going to gym or jogging. Their reasons for wishing to be role models and to mentor those closest to them are to fulfil the wish for a better life for themselves as well as for their families (the second of two global themes identified in the current study - Knock on effect, and a wish for a better life).

Related to the findings in the current study, is a study by Skaal and Pengpid (2011) regarding role models even though in Skaal and Pengpid's study, the individuals involved appear to be seen as, or have become, role models, *de facto*. The study involved South African healthcare workers who were considered role models for the community and for patients. The authors merely stated that these healthcare workers were considered role models, and gave no indication as to whether the healthcare workers themselves considered themselves as role models. Almost three-quarters of the participants in Skaal and Pengpid's study were obese or overweight, and the majority had inaccurate perceptions of their weight. The conclusions included the need to change their perceptions of body weight in order to make them better role models for the public.

The relevance of this to the current study is that participants in their study and participants in the current study had contrasting perceptions regarding their overweight status. In the current study, participants had accurate perceptions of their weight status, whereas in Skaal and Pengpid's (2011) study, the majority had inaccurate perceptions of their weight, consistent with other literature previously cited (e.g. Kruger et al., 2005;

Puoane et al., 2002). As role models, if individuals have the incorrect perception about their weight, and therefore possibly take no action to lose weight, could exacerbate the problem of obesity in South Africa: “Misperceptions may contribute substantially to the increase in the prevalence of obesity” (Prinsloo et al., 2011, p. 371).

Also in the literature is an article (Gerber, 2012) reporting on “fat Christians” (as per the article) and “fit elites”, and the effect their bodies had on the expectation of Christian leaders being role models. Of relevance to the current study, is the issue of self-control where if a Christian leader is overweight, he or she is seen as out of control and is less respected. This view was both supported and contradicted in the current study, by two participants, one of whom asserted that a woman who is not in control of her weight, cannot be seen as being in control of her life and therefore cannot be seen as a leader; in contrast, for the other participant, according to tradition and the ancestors, a woman who is more full-figured is seen as being in charge of her life.

I have reflected upon these two conflicting views, and the view of a third participant who argued that being overweight is a hindrance when it comes to advancing in business. In the case of the two participants with the more “negative” views, one had not yet achieved the level of occupational status she aspired to, while the other referred to her aspirations to be in a different position within her industry. I tentatively considered the possibility that these views might be because of other factors, for example some frustration in their personal lives (e.g. one participant stating she does not fit in with people of her own age) or frustration regarding their relative lack of advancement in business, rather than that their weight was the reason for this. The third participant on the other hand was at the pinnacle of her profession. This therefore could be justification of socially constructed views, personal perceptions and overall levels of satisfaction.

Furthermore, according to Gerber’s report (2012), other overweight Christians in



the community were deemed unable to influence and shape the world according to Christian values. This could be related back to being unable to lead or shape one's environment, as discussed by one participant. The study by Skaal and Pengpid (2011) and the report by Gerber (2012) show what could be considered two sides of the concept of role models, in the first it was unclear if the participants in the study considered themselves as role models or if the study imposed this upon them, while in Gerber's report, those interviewed felt they were role models. Exploration of what was termed a "Christian" body (Gerber, 2012) is beyond the scope of the current study and as only three participants in the current study mentioned religion as their moral compass or comforter, and none stated that their weight had been affected by their religious beliefs and vice versa, I cannot draw any comparisons as to whether overweight people are seen as not Christian, or that all slim people are seen as Christians. In the current study, the participants who referred to being a role model and mentoring their families were doing so based on having achieved a better life for themselves and wished the same for their families.

Another study (Yeary et al., 2009) that is of complementary interest relates to very religious White individuals who were found to be overweight, whereas their African-American counterparts did not have the same religion-weight association. One participant in the current study who was heavily influenced by Christianity that changed her whole life for the better, did not refer to her physical body needing to be a certain way in order for her to walk this particular path. Instead, she allowed Christianity to guide her morals and to bring peace and calm to her life, and whilst she was generally happy with her body, she acknowledged she is relatively overweight. Contrasting views about one issue, in this case, a body that is overweight, is also in line with socially constructed views as mentioned above.

The findings that I identified as noteworthy were identified as such due to my perception that they speak to psychology and the study of human behaviour, which aligns with one of the core elements of the APA's plan regarding psychology and the obesity epidemic (Johnson, 2012). I did not make suggestions for future research involving misperceptions, judgements, opinions, and role models/mentoring in the concluding chapter, as I wished to broaden the research based on the findings of the current research instead. Nevertheless, research on the noteworthy findings in some form could be a worthwhile endeavour.

## **Section 2: Economic Landscape - Accessibility, Influence, Education**

The changed economic landscape in South Africa since 1994 brought with it dramatic influences on the lives of the population, primary amongst which, for purposes of the current study, is the access to things previously beyond reach. Participants in the current study were young children or teenagers, and in their 20s, late 30s or early 40s prior to 1994. They grew up in rural areas or in townships. Democracy brought with it urbanisation, which in turn brought with it changes to lifestyles and dietary habits (Steyn et al., 2012). Participants in the current study all referred to changed lifestyles, occupations, access to conveniences, fast food, cars, and influences from other cultures, including within South Africa. These at once provide sufficient means to purchase many of the things they wish to purchase, and do many of the things they wish to do, and sedentary lifestyles compared to their parents or to their own lives in the past. Below is a representative quote:

.... now with us you got cars, at a *very* young age ... we eat out a lot, which is not right ... we're lazy, you get home you watch TV ... you sleep you eat you sleep and that's it, and how can you not then ... pick up weight ... so our lifestyle plays a very important role in how we look or ...

a role in our body image if I may put it that way. (Participant 11)

The findings in the current study were supported in studies that found an increase of overweight and obesity in those whose socioeconomic status has changed (Kruger et al., 2005; Prinsloo et al., 2011; Steyn et al., 2012). The conclusions by Puoane et al. (2002) in particular articulated this succinctly when they stated that “overnutrition” (overweight) is prevalent particularly among adult South African women, and that the determinants of overnutrition include age, level of education, ethnicity and area of residence (Puoane et al., 2002, Summary, para. 3). The changes experienced by participants regarding access to occupations as well as issues of weight are echoed in the literature (Deane, 2005; Jansen, 2012; Milazi, 1993; Pretorius, 1982; Steyn, 2005; Steyn et al., 2012; Van den Berg & Van Zyl, 2008). Access to technology and the media also changed, which together with access to other population groupings, whereby all population groupings are now working alongside one another, brings with them other norms, values and points of view. Interaction between people on a day-to-day basis is seen as “the practices during which our shared versions of knowledge are constructed” (Burr, 2003, Locations 149-156) and “each different construction also brings with it, or invites, a different kind of action from human beings” (Locations 156-162).

Puhl and Heuer (2009) in turn spoke of changed environments and societies where unhealthy foods are readily accessible. They stated that this makes it difficult to be healthy, while Levitsky and Pacanowski (2011) spoke of free will and the number of variables influencing obesity, including amongst others fat content in our food and food advertisements, which cause people to increase their food intake. The latter two authors assert that we do not have as much free will as we might imagine when it comes to eating. Whilst there can be agreement with these authors, firstly about accessibility to unhealthier options and improved personal responsibility for health behaviours (Puhl, n.d.; Puhl &

Heuer, 2009), which was also mentioned by participants in the current study, and to what Levitsky and Pacanowski (2011) refer to as “food primes”, one can only be partially in agreement with the statement that availability of unhealthy options makes it difficult for individuals to remain healthy. In the current study, participants spoke of accessibility to healthier choices through influences by such things as technology, the media, and interactions with others, as well as through affordability. One can also only be partially in agreement with the issue of free will referred to by Levitsky and Pacanowski, because some participants in the current study stated they find ways to stick with healthier choices, but that if they are presented with less healthy options, for example during the festive season, or when craving one of their personal (less than healthy) favourites, they exercise their free will in not depriving themselves and instead restricting themselves to small quantities of the things that are not supportive of healthy weight management.

The healthier choices made by participants in the current study are supported in the literature where remaining at an optimal weight in today’s climate is perhaps easier with the increase in trends towards wellness, weight management products, and fitness (Pilzer, 2002, 2007; Strom, September 2013). In further support of the healthier choices that participants in the current study make, are the trends worldwide towards healthier options. Senior Health and Wellness Analyst, Cowland (January 2013) stated that wellness products remained in high demand across the globe for the additional benefits beyond regular nutrition (Cowland, January 2013, p. 1). Furthermore, directly relevant to the current study, are the top five functional trends for 2013, which include desire for energy and long-term weight control (Cowland, January 2013, p. 1).

On the one hand therefore is the issue of the availability of unhealthy options, on the other are the trends towards seeking healthier options, which include long-term weight control. Of relevance to realities being socially constructed for each individual, is

which path one chooses. The participants in the current study chose the healthier path despite the plethora of unhealthy options within reach. Remaining at optimal weight requires vigilance and discipline particularly in the face of access to unhealthier options and promotion of unhealthier options, and participants in the current study demonstrated the ability to do that (see Basic theme 6, motivation and choices, in Chapter Four).

The sense I got from authors Puhl and Heuer (2009) and from Levitsky and Pacanowski (2011) is that individuals are almost powerless and have little choice but to be unhealthy or overweight due to external factors of whatever nature, which is contradictory to the findings of the behaviours and choices of the participants in the current study. Even in the midst of unhealthy choices, there are healthier options and opportunities for healthier choices, as is borne out by participants who select those options due to a combination of desire for a healthier lifestyle and their economic status, which allows them to make these choices. These participants have taken personal responsibility and held themselves accountable both for when they remain on the path of wellness and for the times when they stray. Below is a representative quote of those participants:

... you make an *effort*, to eat properly to have veggies in your food ... like I said not to have two *big* meals during the day, you have ... your main, one main meal, healthy meal, you try by all means, not always, try by all means to have something healthy and all that, it's just a question of just, you know saying ... if these [*sic*] articles are all saying this ...  
(Participant 3)

***Influence.*** Regarding social contexts mentioned by Puhl and Heuer (2009), and Levitsky and Pacanowski (2011), and accessibility and influence, in the current study one participant referred to peer pressure and another to “competition” (see Basic theme 15, conversations and interaction, in Chapter Four). Issues regarding influence were found in the literature in two studies, namely Paxton et al. (1999) in their study regarding

friendship cliques and peer influences among adolescent Australian girls, and Christakis and Fowler (2007) with their study of a densely interconnected social network of just over 12 000 people spanning 30 years. Paxton et al. (1999) found greater within-group similarities for body image concerns, dietary restraints and weight-loss behaviours, and that the similarities within the individual friendship cliques were greater than the similarities between the various individual groups. In the current study, participants from different African ethnic groupings and strangers to one another appeared to have similar concerns about their bodies and about weight management, as well as the overall methods they utilised for weight loss. The current study did not compare perceptions and weight management methods between ethnic groupings, as the targeted population was (any) professional Black South African woman. I have made a suggestion for future research to compare each of the Black ethnic groupings with one another to establish whether there are marked differences in perceptions and weight management methods.

Findings in the current study regarding social networks were contrary to the findings in the study undertaken on social networks by Christakis and Fowler (2007). The cited study found that overall a person's chances of becoming obese increased, in varying percentages, if he or she had a friend, spouse or sibling who became obese. These effects were not seen with immediate neighbours. Persons of the same sex had relatively greater influence on each other than those of the opposite sex (Christakis & Fowler, 2007, p.1). In a follow up study (Christakis & Fowler, 2011) these authors continued to defend their position regarding "peer effects - if not network effects" (Christakis & Fowler, 2011, p. 1) and stated they are joined in this view by others (unnamed).

Dhurandhar (n.d.) cited by Nezporent (2013) had a different view, stating that obesity is not infectious. The findings in the current study revealed a picture more in line

with Dhurandhar (n.d.): Participants were on the path of weight loss and none mentioned overweight friends having influenced them to become more overweight themselves. On the contrary, those who shared details of their interactions spoke of how there is friendly competition between their networks towards weight loss. Regarding siblings, the participants who mentioned siblings were all of lighter weight and had healthier lifestyle habits than their siblings, with one exception, the participant of Tswana heritage whose sister was very thin in keeping with the Tswana tradition whereas the Tswana participant was obese (her choice of word, also based on references by her doctors). Each had little influence on the other, including some confusion about how the one is obese and how the other is thin.

The participants who referred to their husbands or life partners spoke of how they too were following healthy weight management and fitness programmes, so the influence in the case of the current study is that couples were positively affecting each other in contrast to Christakis and Fowler's (2007) findings about couples gaining weight together. As for the effect of the sexes, there did not appear to be much difference in the influence from either sex on participants in the current study - they were intent on their weight loss programmes even though some mentioned that the males in their particular cultures preferred fuller-figured women in general. The findings of the current study are therefore in contradiction to the findings in Christakis and Fowler's (2007) study. In the current study, peer influence of whatever sort was found to be of a positive nature.

**Education.** The study by Prinsloo et al. (2011) also sought to determine inter alia whether there was a correlation between obesity and level of education. They found that the majority of older participants were more obese, which is contrary to the findings in the current study as three of the four participants who stated they were between 30 and 40 kilograms overweight were the youngest (aged 29 - 34) compared with only one

participant, aged 52, who stated she was obese. Regarding prevalence of actual overweight and obesity among Black women, only one participant in the current study who said she weighed 117 kilograms used the word “obese” to describe herself. The current study was not focused on overweight or obesity per se, rather on participants’ perceptions of their bodies, therefore, I cannot comment on actual instances of overweight and obesity, or compare this to participants’ perceptions.

Nevertheless, the possible reason for the disparity in findings between the current study and Prinsloo et al.’s (2011) could be method of enquiry (qualitative compared with quantitative), research problem (perception of overweight compared with actual overweight) and sample size where the current study was conducted with just 11 participants in the professions, compared with the study by Prinsloo et al. (2011) conducted with over 300 participants using a quantitative method of enquiry and self-administered questionnaire to investigate such factors as socioeconomic status, body image perception, psychological wellbeing, self-reported health status and physical activity, and Body Mass Index.

In Prinsloo et al.’s (2011) study the vast majority of the participants, both obese and non-obese, had an education level of secondary school, or higher, and it was concluded that education therefore has no bearing on whether or not one became obese, contrary to the participants in the current study whose level of education was higher, as well as more access to Westernised ideals of weight, which could play a role in perceptions. To quote Burr (2003): “It is through the daily interactions between people in the course of social life that our versions of knowledge become fabricated” (Burr, 2003, Locations 142-149). The findings in the current study are consistent with findings by Martinez et al. (1999) inter alia that those with a higher level of education were less likely to be obese, and furthermore, that younger individuals and those of high social class had a



lower probability for obesity prevalence. The latter finding was not completely supported in the current study, as the participants who were the most overweight, according to their reports, were the youngest in the group. Nevertheless, their level of education and exposure to other points of view were influencing their perceptions as well as the manner in which they chose to manage their weight status, namely by seeking - or at least knowing to seek – weight loss solutions through healthier options.

### **Section 3: Data Interpretation - Nonverbal Cues (Laughter, Chuckling, Humour)**

Whilst interviews are the most common method of potentially collecting rich and thick data in qualitative research (Denham & Onwuegbuzie, 2013), of additional importance is nonverbal communication, which is made up of such nonverbal cues as use of timing in the pacing of speech and silences, body movements and postures, variation in volume, pitch, and quality of voice (AQR, n.d.), as well as laughing and smiling (McAdams et al., 1984). In addition, nonverbal cues such as facial expressions and gestures may serve to enrich the meaning of the spoken word (Knox & Burkard, 2009, citing Carr & Worth, 2001). In the current study, nonverbal cues of laughter, smiling, joking and humour were prolific. I reflected upon this during the interviews as well as during the transcription and data analysis phases of the research.

Having interviewed 11 participants all of whom laughed, smiled, joked, chuckled in varying degrees and frequencies, and indeed some were animated when discussing various aspects of the topic being researched, I could not think of one answer as to why these nonverbal cues were abundant during the interviews. In an effort to search for possible explanations (Bloomberg & Volpe, 2012; Yin, 2010), my interpretation for the nonverbal cues of laughter in particular was that perhaps this was simply the way participants did things and that laughter in these situations was a cultural thing, and I was

content not to over-interpret (Davis, 2011, Locations 173-179). However, in order not to leave this unexpected occurrence without doing at least some research, especially considering the pervasiveness of these nonverbal cues in the current study, and in order to position my interpretation within the existing body of knowledge, I briefly reviewed some literature on the subject. I am aware that some of the studies and references are dated yet could be considered relevant to the unfolding exploration of nonverbal cues.

In summary, various types of laughter exist, for example nervous laughter, often considered fake laughter, sometimes heightening the awkwardness of the situation that is used when people need to project dignity and control during times of stress and anxiety (Balandis, 2010, p. 1); etiquette laughter said to occur when people want to get along with others and seems a simpler way to communicate and show agreement (p. 1); as social signals (Provine, 1993; 1996); as powerful nonverbal signals of warmth and attentiveness in interpersonal relationships (McAdams et al., 1984, p. 1); and of linguistic importance, the placement of natural laughter in speech whereby laughter is not randomly scattered throughout the speech stream (Provine, 1993).

Furthermore, there exist various social determinants as to whether a person will experience laughter in a given situation; these include factors such as age, gender, education, language, culture, and individual differences (e.g. Labarre, 1947; Martin, Puhlik-Doris, Larsen et al., 2003; Matsumoto, 2007; Olmwake, 1937; Sauter, Eisner, Ekman et al., 2009; Smith, 2008 ). Regarding humour, this could relate to locus of control (Lefcourt, Sordoni & Sordoni, n.d.) utilising “superiority humor”, “tension relief”, and “social” humour (p. 132), or as psychological resilience, as a useful antidote to the problems associated with negative emotions and ill health, or as a beneficial positive emotion and as a buffering function for coping (Tugade, Frederickson & Barrett, 2004, p. 1162, citing Frederickson, 2000). It would appear therefore that the common

denominator is that nonverbal cues exist in various forms, serve various functions, and according to some authors (e.g. Labarre, 1947; Matsumoto, 2007; Olmwake, 1937; Smith, 2008) nonverbal cues vary according to culture.

Regarding the participants in the current study, their laughter and other nonverbal cues, and my interpretation, whilst I cannot be certain of the specific nuances and meaning, smiling or chuckling, for me, being in the room with them, their laughter was part of their response, and I am inclined towards McAdams et al.'s (1984) point of view that laughing and smiling is a powerful nonverbal sign of warmth and attentiveness, and possibly as some kind of tension relief and social humour (Lefcourt et al., n.d.).

#### **Section 4: Sources of Bias**

Four potential sources of bias described in literature (Swartz et al., 2011) were considered during the process of the current research, and are discussed below.

**Interviewer bias.** The first source of bias is interviewer bias whereby the interviewer can influence the answers participants give, for example by asking a question in an aggressive, judgemental or disinterested way (Swart et al., 2011, p. 34). Also, a researcher may fail to record participants' answers accurately, or ask questions in such a way as to influence the answer (p. 34). In the current study, questions were straightforward and according to the Discussion Guidelines sent to the participants before the interview. All participants had the Discussion Guidelines in front of them during the interview, as did I, and the questions were asked by reading them in sequence and in neutral tone. Evidence of this can be found in the voice recordings. This method of recording participants' answers also served to alleviate the issue of failing to record participants' answers accurately.

**Participant bias.** The second source of bias is participant bias whereby participants could be unresponsive or give inconsistent answers (Swartz et al., 2011, p. 34), purposefully provide false answers either by under-reporting behaviours that are not socially desirable (p. 34) or by over-reporting those that are, and participants may misunderstand some questions (and provide inaccurate answers) or have difficulty expressing themselves (p. 34). In the current study, participants were anything but unresponsive, the evidence of which can be found in the plethora of verbatim quotations, which can be verified by listening to the voice recordings. Every participant engaged fully with the dialogue between us and indeed offered more than a handful of direct answers to a handful of questions.

I was struck by what I perceived as openness and enthusiasm, but needed to reflect upon this in the sense of the possible implications of the method of sourcing participants for the current study and its influence on the research findings. Most of the research participants had initially approached me for solutions to their weight management issues. From there, they themselves were approached to participate in research regarding the very issues about which they had initially approached me. During the course of the interviews, was it possible that they responded to questions in a manner they might have thought would reflect them more positively regarding their intentions and commitment to control their weight? Whilst this could have been a possibility, I am of the view that no participants engaged in any form of dependent behaviour or neediness. I base my conclusion on the following: The participants were committed to and engaged in healthier living choices regardless of my association with them.

At the time of the research, only one of the participants was actively utilising my weight management solutions but due to the nature of the business, communication is ongoing unless individuals choose to terminate it. At most, the contact between us simply

added to the influences from all other sources they mentioned, for example the media, technology, other cultures, colleagues, friends, family. In addition, these participants are professional women, engaging in crucial decision-making in their respective occupations, and with their families. I do not believe they consciously or unconsciously needed me to approve of the weight management decisions they had chosen, or to please me. I could find no evidence of false answers and no evidence of over-reporting behaviours with a view to seeking some sort of approval or acknowledgement. Indeed, I was struck by their willingness to share with me, and in fact, two of the participants mentioned that they could not share with others the way they shared with me (e.g. Participants 1, 9).

I could also find no evidence of what Castro (2012) referred to as a behaviour called “satisficing” (Castro, 2012, p.1), that is characterised by the following: Rounding (which introduces noise but not necessarily bias); the tendency to answer “don’t know” (which might introduce bias due to unobserved characteristics, though Krosnick et al., 2002 find it does not); acquiescence (the tendency to answer yes); and first choice, the tendency to select the first answer from a list of possible answers (Castro, 2012, p. 1)

Regarding another form of participant bias, namely inconsistencies, there were two instances of what I thought of as inconsistency or perhaps some confusion. In one instance, the participant modified her response. During the interview, the participant said she is a single parent, and when saying that she pulled a face. I asked if she felt that her weight is contributing to that because of the way she pulled a face. She expressed surprise, **“Is it!”** (Participant 9) and I told her that it is not something the recording would have picked up. She asked, **“... do I feel the fact that I’m single has some effect to [sic] my weight?”** to which I replied, **“The other way around. Do you feel that your weight is preventing you from being in a relationship?”** She responded, **“I would say about 80% yes”**, which she repeated. This was followed by conversation

about her shape and size, in which I paraphrased what she had said about being happy with her shape, but

that she wanted to bring down her size (of 40/42) and that she felt that the weight and the size is contributing 80% to the reason why she is a single mother. She responded:

No, no, no, I meant it the other way around, no, no, no, okay, let's get this straight, I don't feel the fact that I'm big contributes ... I meant it the other way around, not 80% but 20% meaning that I don't think it's a major factor ... so it's the other way ... so I'm saying to you, maybe only 20% in other words ... (Participant 9)

I am uncertain why this inconsistency or misunderstanding occurred. At best, I could only speculate that the participant may have been temporarily distracted during the course of the interview, as it took place at her home at her request. This particular participant later disclosed that one of the contributing factors for the separation from her ex-partner (her "ex") was that she had gained a lot of weight and he found it unacceptable (see Basic theme 15, support & understanding, in Chapter Four).

Another instance where there was some confusion and inconsistency with the answer from a participant was in the work environment where it was unclear if the participant had not been given a particular position in the organisation because she was overweight, or young, or well dressed or too knowledgeable. Despite attempts to clarify her answers, I am still not clear about what prevented her from being given the position at the time - she was subsequently given it - and I did not wish to create an atmosphere of interrogation during the interview.

In summary, she had been to a job interview where the questions were not targeted to her level of knowledge or her managerial position, as they were too junior. She stated they looked at her, how she projected herself including physical appearance and dress, considered how she speaks, how she looks, asked her age, and then a more

junior individual was given the job apparently because he looked good, and was saying all the right things, whereas she felt she knew too much and gave too much feedback, perhaps attesting to her being over-qualified for the position. Two months later, they offered her the position, and upon clarifying with her why she thought she did not get the job the first time she said: **“Because I was more knowledgeable and I was looking the part”**. She felt that because she is overweight, she looked older but that they did not hire her the first time because she was too knowledgeable, and looking the part: **“Too knowledge, and looking good”** (Participant 4). This particular participant felt very strongly that when people are overweight they have to try 10 times harder, they are not seen, that people who are thin and look good but have little knowledge will be heard more readily (see quotes under Basic theme 10, emotional states, as well as the unique theme “Yellow cards”, in Chapter Four).

In addition, there were three instances where participants had a different perception of the question asked. One participant when asked if she is happy with her shape, responded by offering the size she aspired to: **“At the moment, no, I would love to be a 34 (smiling), I’d be half, not necessary half but much less ...”** (Participant 7). The second participant who was pregnant at the time of the interview, when asked what her weight is, also responded with her size (of clothing): **“At the moment, I’m 38”** (Participant 8). The third and last when asked, “What is your body image?” answered by saying she thinks she is a little overweight but continued in such a way as to leave me with the impression that she interpreted the concept of “body image” as the image her body presents and what it says about her, rather than how she saw her body: **“I think I’ve got a great body image, I mean I maintain it by going to gym, I’m very physical ... so I’d like to think that I’m okay, you know, but I could still improve”** (Participant 11). By adopting “flexible framework” questions (James, 1983), which are different from

having fixed definition concepts, it benefitted the current study by allowing participants to give their interpretation of the concepts being explored, and allowed me to interpret the messages underlying the participants' experiences.

Finally, in two instances, participants went off on tangents when asked the first question about what is their body image, with the first (Participant 1) beginning to say she was not happy with her body size, having grown up petite until she had an accident that caused her to begin taking cortisone that made her stomach swell. The response turned into monologues that took up several pages (transcription of the audio recording). Details of health, medication, hospitals, doctors, medical procedures, and conversations with the medical fraternity were the main topic of the interview with frequent references to health issues and challenges. This participant nevertheless gave meaningful data to interpret, not least of which resulted in my interpretation that health was her most pressing issue, and she had the opportunity to share it with an impartial listener. Indeed, she said: **"... there are certain people, like with you I'm very much open, I can talk to you ..."**

(Participant 1).

I am aware that my role in this study was that of researcher not counsellor or therapist, and when reflecting upon the first interview conducted, I did make a note that perhaps I could have stopped the participant during one of the monologues to bring her back on point. However, having adopted an interview process based on Knox and Burkard (2009, citing Seidman, 1991) whereby the participant is asked to share a bit about herself in general, her life history regarding the topic, details of her experiences and to reflect upon the meaning of those, I concluded that perhaps I had set the tone of the interview by asking the participant to share a bit about herself in general. I abandoned that particular interview process from the second interview onwards as I found it added unnecessary burdens to the one-hour interview. By taking corrective action in this way, I



was able to do quality assurance early in the overall interviewing process.

The second and only other instance of going off on a tangent following the first question about what is her body image, was a participant (Participant 10) who began by giving details about how she grew up, that she was overweight and how that had affected her. With this participant, I interpreted her response as potentially being a major contributing factor to how she felt as an adult and the effect of childhood overweight that adversely affected her at the time and into adulthood. It is also possible that issues of childhood overweight were brought to the forefront of her mind because her eldest son was engaged in the same battle as she was when growing up, for example being discriminated against and stigmatised (Wardle & Cooke, 2005). With this particular participant, I cannot attribute the “life history” to my having asked for it as I had abandoned that interview process immediately after the first interview.

**Analyst bias.** The third source of bias is analyst bias whereby an analyst could code and enter data into a database inaccurately (Swartz et al., 2011, p.34), incorrectly classify responses to open-ended questions or choose an inappropriate statistical procedure for analysing data. In the current study, quality assurance was done both by my supervisor and by a specialist in qualitative research based on the transcripts that had been coded and categorised; no inaccuracies or incongruent recording of data were mentioned.

**Researcher bias.** The final source of bias according to Swartz et al. (2011) is researcher bias whereby a researcher’s personal views influence the decisions she makes. They state further that the researcher’s underlying assumptions about human experience may shape the research topic, as well as who is chosen to participate in the study, and what interpretations are given to the findings (p.34).

In the current study, the research topic was chosen as I have been working in the

field of weight management for over 14 years and have been privy to the experiences of countless women regarding weight management issues; also, upon doing a literature review, it became clear that the study is relevant to the South African community as its focus is both topical and pervasive. The targeted population was selected as it is an under-researched population and doing the study would be something new to add to our collective knowledge. Participants were selected based on their characteristics of inclusion in the study. If they met the criteria of being Black South African women with relevant professional and/or educational qualifications, and if they worked in or around Gauteng, and had weight management issues, they were approached with a view to participating in the study. There was no bias involved except initially upon deciding to approach individuals who were on my databases. As mentioned in Chapter Three, having carefully considered the implications, I concluded that no boundaries were crossed by approaching these women to consider participating in research that is relevant to one of the issues about which they had approached me.

As to interpretations given to the findings, there has been discussion about the subjective nature of interpretation in qualitative research, therefore no researcher bias can be said to be found in the study. Furthermore, whilst I did not approach the study with preconceived ideas as to the outcome, I did bring to the research my own point of view about the phenomena being researched and entered the field of inquiry, as the participants did, with a life that is structured narratively, and allowed the retelling to come via narrative inquiry (Kerry, 1991, cited in Clandinin & Connelly, 2000). Nevertheless, the findings that were identified based on the data from all participants though unexpected were carefully considered, accurately reported on and checked for scientific soundness.

#### **Section 4: Participant/Researcher - Cultural Issues**

As cultural differences were a major factor in the current study, and as I am a White researcher who sought to obtain ethnic- and cultural-specific data from a different race, I noted a caution from a study done by DeVault (1995). In her study regarding ethnicity and expertise in sociological research, DeVault analysed an interview that had been conducted between a White researcher and an African-American nutritionist. What she discovered was the significance of racial-ethnic dynamics that exist in qualitative research where she argued that the standard methodological rule of allowing the findings to emerge from the data may not pick up the race-ethnicity in the accounts from the participants, and elements that are not specific to the topic will require the researcher's active attention. DeVault (1995) referred to active, interpretive attention compared with passive listening and recording in order to facilitate the understanding of the *meaning* of what has been said, which on the surface may not be readily apparent. Furthermore, she mentioned how issues of race and ethnicity emerge gradually as the discussion progresses. A further racial-ethnic dynamic that emerges is a tentative concern regarding an "outsider's" sincerity, which has been referred to as "knowing the nuances" (DeVault, 1995, p. 621).

In the current study, the aim was for deeper, more meaningful and thoughtful interaction with participants in order to extract the most out of their responses and to understand the nuances of a different culture, whereby simple translations would be inadequate (DeVault, 1995). I noted DeVault's suggestions to ask myself if I know enough about these nuances in order to understand and interpret them accurately; also, to reflect on how my knowledge or ignorance may shape the interactions I have with the participants as well as my reading of the data. Whereas I could not have been certain of the answers to these questions before I embarked upon the research process, during the entire process I called upon the experience I have gained in my business environment

where I endeavour to understand nuances regardless of the ethnicity of the people I am dealing with.

Furthermore, as a White person born, raised and living on the African continent, and doing research with members of the Black population of South Africa, I was not completely unfamiliar with the cultures I was researching. In addition, I was aware that the participants in the study could have a reaction to a researcher who is culturally different to them. Whilst I cannot state categorically how participants actually felt about me or the research process, I can only be guided by the following: Participants' demeanour towards me before, during and after the interviews; by the content of the interviews, which can be verified by listening to the voice recordings and reading the transcripts; by the atmosphere of warmth and collaboration that I felt during the interviewing process, for example a participant staying late at work to ensure we do the interview, walking the streets to come and find me, re-scheduling an appointment so we could get the interview done. I felt that each participant welcomed me as if I were family, and each opened up to me as if I were a respected and valued confidante, which can also be verified by listening to the voice recordings or reading the transcripts. Participants shared details of their personal lives and their individual circumstances as if I were a trusted friend.

As I am not a foreigner, I believe I was also able to understand the nuances, and some of the terminology that is uniquely South Africa, for example “eish” and “yo”. Whilst one might have expected some sense of community with the participants who were selected from my databases, what struck me was the demeanour of the remaining three participants, and indeed a fourth who had been referred to me but did not have time to do the interview with me: Each gave the two “referees” very warm, positive feedback

about our meeting and about our interaction telephonically, and via e-mail in the case of the fourth individual who had not been able to participate due to time-constraints.

Reflecting not only on my experience of the research process as a whole, but also on the comments by the participants, it would appear that this particular study did not encounter the cultural issues that De Vault (1995) warned about. From a Constructionist perspective, the manner in which the world is commonly understood is historically and culturally specific (Burr, 2003, Locations 132-138) and “depends upon where and when in the world one lives” (Locations 132-138).

Whilst the colour of my skin is different to that of the participants, and whilst our cultures of origin are different, we are all Africans living in the same country at the same time. For my part, I consider the gracious women who participated in my study as valued individuals with whom I feel connection and a sense of community, regardless of the colour of our skins and the different environments in which we spend our time. In this way the aims of the research were achieved, and potentially add to the role psychology could play in the field of weight management and fostering greater understanding between people. In Merton’s words, “borrowed from Simmel by way of Weber” (1972: n 31, cited in Ergun and Erdemir, 2009, p.2): “... one need not be Caesar in order to understand Caesar”.

#### **Section 4: Authenticity**

As stated in Chapter 3, Research Methodology, “authenticity” refers to research that is worthwhile and considers its impact on members of the culture or population being researched, and is seen as an important component of establishing trustworthiness in qualitative research so that it may be of some benefit to society (James 2008, cited in

Given, 2008). In the current study, three participants explicitly expressed their interest in the topic, while another expressed how the research questions and interview had caused her to ponder certain things. As the current study did not involve an impersonal collection of data through a survey, for example, and in order to respond fully to the concept of authenticity, below are the quotes of the three participants who either asked about the topic or commented upon it.

The first participant asked about the choice of topic, which I explained to her, and she then went on to discuss things to do with culture and weight, which added value to the thematic content received:

... it's interesting 'cause [sic] like for us especially Black people who is trying to make it big and then also culture says at some point you need to be a mother stay at home ... I know a lot of Black ladies who are trying to juggle life, work, weight, 'cause [sic] it's like I say everywhere you go it will come out, even in a wedding, or a funeral, we *will* talk about weight ... it's something that we all think about it, but then also ... you'll find people saying no, I can't lose weight because ... they'll have lot of reasons, it happens but also if you're in corporate where you wanna [sic] be seen, you wanna [sic] be in that type of body ... 'cause [sic] if you're overweight it means you cannot control your health, you cannot (pause) there's something wrong with you how can you *lead* so it does become (pause) a problem to stand your ground like, 'cause [sic] *you're* fighting men, and then some... people say ah that one she can't even control her body, she can't even do this, she can't even dress properly ... it's always an issue, wherever you are, I guess it's interesting, it will be nice to read the findings ... (Participant 7)

The second participant, expressed interest in the topic after we had completed all the questions, after she had given me additional data about the issue of the acceptability of large males but the emerging expectation of slimmer females, and after we had said our respective "thank yous" but were still on tape: **"I like to see the outcome of this research [unclear] seems like an interesting one"** (Participant10). The third participant was the last to be interviewed, and commented not only on the topic but also discussed

more about lifestyle, weight, and she shared information about an article regarding businesswomen and their (healthy) lifestyle choices: “... **our current lifestyle ... that’s the major factor in, how, why people die ... then imagine then if you’re *big* then you’ve got even *more* chances so I (chuckled) ... it’s a *very, very* interesting study”**

(Participant 11). This participant continued:

And I’m sure there’s different aspects to this like in terms of ... their response to you, I’m sure others don’t see it as a problem ... and others it means everything to them, but I tell you why I said that, because I’ve got this ... magazine ... feature business, women in business, professional actually ... in the interviews and stuff, they’re always mentioning healthy lifestyle, what they eat, *how* they take care of themselves, they exercise, they don’t eat this, they eat that, everyone in their interview, they’re bringing that aspect of being healthy and eating right, and exercising and taking better care of yourselves, so that’s why I’m saying that it’s just a perfect topic, very interesting and it’s relevant ... very relevant.  
(Participant 11)

Finally, the one participant who explicitly and without prompting shared that she wanted to ponder, is the participant (Participant 3) who worked in an organisation where there was no discussion about weight, and only after our interview did she stop to ponder why. “**Quite interesting ... each questions. which for example me and my colleagues never talking about weight, and it never hey ...**” and after discussing the interview process in which we engaged one another with a conversation of substance, compared with just gathering data by means of a survey, this participant was still reflecting upon what came out of the interview: “**It was interesting hey, I promise you it was interesting**”. Also, in response to my throwaway comment that she now has things to think about, she responded:

Ya, I think, think so (laughs) I think so. Maybe I should start engaging my colleagues as well (laughs) aaah, this is quite interesting, it opened up my eyes to some of the things that ... were *obvious* but not (pause), noticeable ... let me not say not noticeable because they are noticeable, but you don’t just apply your mind to these issues. So tomorrow I’ll be seeing them in a

different ... because it's like it's (pause) ... it's "mum" ... it's there but no-one talks about it ... Open up, open up some of these things ... you become aware that you know there are these issues, which are not being ... (pause) tackled or which are just being ignored, as if they don't exist and they are *there*. (Participant 3)

For me personally, the current study did not just provide me with additional knowledge about some of the weight management issues being experienced by a group of women. Instead, it provided me with a completely new perspective about these women as individuals. I reflected about these women holistically, not only regarding the weight management issues they were experiencing. Being involved in this research opened my eyes and taught me new things about respect, humility, accomplishment and grace.

## Summary

This chapter discussed the theoretical framework as it pertained to the findings, the concept of trust, and the findings of the current research pertaining to the three research questions that needed to be answered in order to achieve the aim of the research problem, namely:

- What is the body image of professional Black South African women?
- What are the cultural expectations for women's bodies?
- What are their [participants'] experiences regarding their cultural norms *vis à vis* what is expected and deemed appropriate regarding body weight, body shape and body size in the professional working sector in which they work?

The findings were integrated with the existing literature, finding consistency with some studies, for example traditional views regarding a woman's body (full-figured), level of education and socioeconomic factors influencing views, and the social, cultural and psychological consequences of weight (some positive, some negative), but not with



others, for example thinness, HIV/AIDS, and perception of overweight.

In addition, three noteworthy findings were discussed (Misperceptions, opinions and judgements, and mentoring and role models). Motivations for weight loss were for health (improve/avoid issues) and freedom of choice regarding clothing.

The global themes (“Fat is an issue” and affects vitality; and Knock-on effect culminates in a wish for “a better life”) were highlighted. The changed economic landscape and the effects it had on accessibility, influence, and education for the participants was discussed, as was the prevalence of nonverbal cues in the form of laughter, joking, and humour; the sources of bias (which were not found in the study); and participant/researcher cultural issues (which appear not to have been prevalent). Finally, authenticity as a method of triangulation was discussed, with subjective verification by way of participants’ quotes, which could further strengthen trustworthiness in the study.

The next chapter concludes the study by discussing strengths, relative weaknesses, and by presenting recommendations for practice emanating from the findings as well as suggestions for future research. It concludes with personal remarks regarding the research process.

## Chapter Six: Conclusion

*“Collaborations are an important part of my work.  
They are, in my view, about that which we can do  
together with my collaborators that we can never do  
(perhaps to the same magnitude or with the same impact  
and/or understanding) as individuals”  
Prof. Mamokgethi Phakeng*

### Introduction and Overview

In Chapter Six, I discuss the strengths of the current study, refer to the weaknesses of this study, make recommendations for practice emanating from the findings of the study, and suggest possible areas for further research. I conclude with a few remarks that can be added to those regarding the rationale and context of the study to bring it to closure.

### Strengths of the Current Study

Two considerably unique strengths of the study are that I have been working in the field of weight management and nutrition for over 14 years, and that I had access to a substantial database of qualified prospective participants. This gave me considerable advantages in approaching potential participants to invite their participation in the study and from whom to elicit referrals for participation in the study. A wealth of experiences, challenges and interest in weight management issues have been at my fingertips for almost a decade-and-a-half, and consolidating some of this in a rigorous scientific research study is beneficial to the cross-cultural understanding of some of the factors associated with weight management issues. In addition, being in the industry for so many years meant that I had been exposed to the challenges faced by women regarding the topic of the research, and I had experience in engaging with women about issues that are personal, and seeking to understand their needs with a view to providing solutions.

Throughout the study, I was very aware of the different role I was fulfilling as researcher. The aim of the study therefore was not to provide solutions to the issue of weight management but instead to collect data in a rigorous manner from the shared personal experiences of the participants. The study has started to delve into underlying dynamics involved in a pandemic that is affecting an extraordinary number of people around the world, and in South Africa even though the targeted population is not representative of all individuals who are affected by this pandemic.

This research aligned itself with one of the core elements of the APA's strategic plan that psychology must play a larger role in addressing the obesity epidemic (Johnson, 2012). It has also provided opportunity for greater awareness regarding the nature of influence on individuals' lives, from external sources such as the media, technology, and interactions with other people, as well as influences from within ourselves, how we respond to the external influences, how we can change our lifestyles and aspirations, and what we wish for our families and for ourselves. Furthermore, it has given us the opportunity not to accept things at face value and not to pre-judge based on appearances.

### **Weaknesses of the Current Study**

Qualitative enquiry of the kind underpinning this study and the nature of purposive sampling comes with inherent weaknesses regarding participant numbers. Nevertheless, the richness of the data collected in this manner through individual face-to-face interviews justified the decision to utilise this method of data collection. While efforts were made to include a relatively broad range of women in terms of age, occupation and education, the participants who were interviewed remained focused on a very specific population as stated earlier in the dissertation. In addition, geographical region that was listed as a delimitation in Chapter Three, could have been a relative

weakness as the study had to be restricted to regions that were easily accessible to me, even though the databases had suitable, prospective participants with all the characteristics of inclusion in other regions of the country not only in, and bordering, Gauteng Province. Despite these relative weaknesses, the stories of the 11 participants in the various geographical locations resulted in sufficient meaningful data to be analysed and interpreted, and ultimately to answer the research questions.

### **Recommendations for Practice Emanating from the Findings**

It is important to note that the current study sought to explore the perceptions and personal, subjective experiences regarding issues of weight in a specific sub-grouping of professional women. Its purpose was to advance our general understanding of these issues and any cultural differences that were found, with a view to fostering tolerance between individuals. It did not seek to provide solutions to weight management issues. Nevertheless, recommendations for practice emanating from the findings in the study were alluded to in Chapter Five particularly regarding the issue of HIV/AIDS, illness, prosperity, thinness, and overweight (p. 187) by suggesting it would be useful to improve various national health and weight management programmes relating to the complexity surrounding issues of weight, including underweight. Such improvements could dispel many misperceptions regarding the causes and consequences of weight issues.

Similarly, a remedy for weight issues could be sought in the social and personal context through influence and education, along the lines of what the participants in the current study were doing by creating awareness of these issues with those in their personal and social environments. This could be extended to other communities through outreach programmes in various communities through various channels, for example,

discussions at church gatherings, presentations at places of work, literature disseminated at community centres, through school talks, university lectures, et cetera.

An additional recommendation would be to find ways to standardise clothes sizes in South Africa, and to disallow, or at least discourage, manufacturers and retailers from substituting smaller size labels for larger ones, which appears to have created a false sense of actual levels of overweight and obesity.

### **Suggestions for Future Research**

The following four suggestions for future research are made after considering the findings of the current research.

Firstly it is suggested that the study could be duplicated in more regions in the country with the same characteristics of inclusion but in addition perhaps focus on interviewing women from all the major African cultural groupings, not only those I managed to reach. This could potentially result in an exploration of subtle differences between the various ethnic groups regarding cultural expectations.

A second suggestion would be to conduct a study comparing the experiences relating to the topic between professional Black South African women working in the public sector and those working in the private sector. This suggestion is based on one particular participant's lengthy discussion about the differences between "government and private" not only in terms of weight, but motivation to work, competitiveness, accountability, opportunity and influence. The findings could potentially be used to implement strategies for more effective weight management in those economic sectors not practicing healthy choices, which could in turn produce healthier environments and influence productivity in those organisations, or bring to the fore issues unique to the different working contexts and their effects on weight management issues.

A third suggestion is that a study could be done using professional Black South African men as participants, with the same characteristics of inclusion and asking the same questions posed to the women in the current study, with a view to getting both sides of the gender story. Indeed, cultural tradition appears to place greater value on men (Gergen, 2009) yet from the Constructionist point of view, “these distinctions are not required by the way things are; we could make other distinctions, or depending on our interests, none at all” (Gergen, 2009, Locations 1065-1071). Burr (2003) in turn stated that our observations of the world suggest there are two different categories of human being, men and women, but that Constructionism seriously invites us to question whether these categories are merely a reflection of naturally occurring distinct types of human being (Burr, 2003, Locations 122-127).

Lastly, a much larger study could be done with professional South African women in all four racial groups as represented by the SA Institute of Race Relations, namely White, Black, Indian and Coloured, and compare their body image, their cultural expectations, and their experiences in the workplace. The findings of such a study could potentially improve understanding of other cultures, their values, and their challenges, with a view to fostering more positive, productive and tolerant interactions between various groups of women.

The findings of all these suggested studies could promote more understanding of what individuals are experiencing regarding these issues, and could in addition possibly reveal other methods of managing the conditions of being overweight, for example weight management strategies employed by men compared with those used by women (Millstein et al., 2008).

### **Personal Concluding Remarks**

Several words remained with me throughout my study: “Educate the whole person”, from a speech made in 2010 by a member of the teaching staff at a school in the United States called Brophy, and “Explore the mystery of another human being”, from the speech by Valedictorian, Daniel Wilson on this same occasion. With these words in mind, the “whole” person was explored, and informed the manner in which I experienced the participants’ stories and how I interpreted their stories. As I stated in Chapter One, I did not approach this study with any preconceived ideas regarding the outcome. I began with the idea to pursue my Master’s degree. I was organically inclined towards a topic in which I had an interest, mostly through my business, but the topic touches the lives of countless people not only those directly involved in my business or found on the databases. I was privy to the stories of the women who went to my web sites seeking weight management solutions and sharing their frustrations, fears, insecurities and desires with me regarding the challenges they were facing because they were overweight. I knew of the ongoing quest for weight management in my personal environment, and how in one or two cases women wanted healthy new relationships but had fears and insecurities because their bodies had changed over the years.

While preparing to submit a topic outline, I read the literature and while literature on my specific topic and targeting my specific research population appeared to be limited, I learnt about the issue of thinness being equated with having AIDS or being HIV-positive in certain cultural groupings in South Africa. I learnt that the stigma attached to this global pandemic was so great that Black women were willing to remain overweight so as not to be seen as having the disease, even if being overweight brought with it other consequences. This alone changed the perception I had of why some groups

of individuals, in South Africa, were overweight, and I was further motivated to conduct the study and find out more.

The findings in the current study contradicted the literature regarding the issue of overweight, HIV and AIDS, and produced new knowledge to add to our collective understanding not only of obesity and being overweight, but also how others view life, and how lifestyle changes have influenced communities, what motivates them, what they aspire to in this regard, and why. Being more intimately exposed to the stories of the participants, and what they shared about their families, their friends, their broader social circles and their workplace, completely changed every perception I previously had. This is congruent with the Constructionist point of view that people are interdependent beings (Gergen, 2001, p. 805, cited in Morrow, 2007). I learnt that nothing is as it seems, and never to pre-judge. During the process of my research, I often recalled the words of Ruiz (1997, p. 63) who said, “Don’t make assumptions”.

My study has had a profound effect on me. It has changed many things for me personally. In addition, I had to be mindful of doing what is effective rather than what is expedient. I had to (re)learn patience, and to accept the time-laden processes involved in doing research, and studying formally again after a 17-year absence in a much-changed environment. Finally, whilst I have the ability to write well, in order to complete this study I had to elevate my style of writing and the way I thought about things. All this has increased my level of maturity, and the manner in which I interact with people and how I think about them.

I am steeped in gratitude and humility regarding the participants. As a group, and individually, they overwhelmed me with their many kindnesses, with their understanding, with their warmth, and they went out of their way to participate in this research, as mentioned in the previous chapter. The study required an investment of time, energy,



effort, and sacrifices by everyone involved, and financial considerations (on my part).

But in the words of the late Zig Ziglar, “What you get by reaching your destination is not nearly as important as what you become by reaching your destination” (n.d., p. 2).

## References

- Atlantis, E., & Ball, K. (n.d.). Association between weight perception and psychological distress. *International Journal of Obesity* (2008), 32, 715-721. Retrieved from DOI:10.1038/sj.ijo.0803762. Published online 27 November 2007.
- Attride-Stirling, J. (2001). Thematic networks: An analytical tool for qualitative research. *Qualitative Research* (2001), 1 (3), 385. PDF. Retrieved from <http://qrj.sagepub.com/cgi/content/abstract/1/3/385>
- Balandis, M. (2010). *"Psychology studies"*. Nervous laughter. Lithuania. Retrieved from <http://loreskinaite.blogspot.com/2010/04/types-of-laughter.html>
- Baloyi, S.J. (2008). *Psychology and psychotherapy redefined from the viewpoint of the African experience*. (Doctoral thesis). University of South Africa, Pretoria.
- Beins, B.C. (2012). *APA Style simplified: Writing in psychology, education, nursing and sociology*. Published on Kindle 22 March 2012. Downloaded 18 August 2013. Wiley-Blackwell.
- Bell, J. (2010). *Doing your research project: A guide for first-time researchers in education, health and social science*. Maidenhead: Open University Press.
- Berger, P.L., & Luckmann, T. (2011). *The social construction of reality: A treatise in the sociology of knowledge*. Published on Kindle 26 April 2011. Downloaded 21 August 2013. New York: Open Road, Integrated Media.
- Bloomberg, L.D., & Volpe, M.F. (2012). *Completing your qualitative dissertation: A road map from beginning to end*. (2<sup>nd</sup> ed.). Teacher's College, Columbia University. Published on Kindle 25 April 2012. Downloaded 24 August 2013. Print version published 26 April 2012. California: Sage.
- Boghassian, P. (n.d.). What is social construction? Retrieved from [as.nyu.edu/docs/IO/1153/socialconstruction.pdf](http://as.nyu.edu/docs/IO/1153/socialconstruction.pdf)

- Bongela, M. (13 January 2012). *That's how we roll*. Retrieved from <http://mg.co.za/article/2012-01-13-thats-how-we-roll>
- Booth, W. C., Colomb, G. G., & Williams, J.M. (2008). *The craft of research*. (3<sup>rd</sup> ed.). (Chicago guides to writing, editing and publishing). Published on Kindle 15 April 2008. Downloaded 5 September 2012. Printed version published May 2008. University of Chicago Press.
- Bramble, J., Cornelius, L.J., & Simpson, G. (2007). Eating as a cultural expression of caring among Afro-Caribbean and African-American women: Understanding the cultural dimensions of obesity. *US National Library of Medicine. National Institutes of Health*. Baltimore: Times Community Service. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/19711493>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101. Retrieved from <http://dx.DOI.org/10.1191/1478088706qp063oa>
- Burr, V. (2003). *Social Constructionism*. (2<sup>nd</sup> ed.). Published on Kindle 01 August 2003. Downloaded 24 September 2013. Print version 2003. Routledge.
- Cash, T.F., Morrow, J.A., Hrabosky, J.I., & Perry, A.A. (2004). How has body image changed? A cross-cultural investigation of college women and men from 1983-2001. *Journal of Consulting and Clinical Psychology* (2004), 72 (6), 1081-1089. Retrieved from [www.psycnet.apa.org/psycinfo/2004-21587-019](http://www.psycnet.apa.org/psycinfo/2004-21587-019)
- Castro, R. (2012). Inconsistent respondents and sensitive questions. *Field Methods* (2013), 25 (3), 283 originally published online 11 December 2012. DOI: 10.1177/1525822X12466988 Retrieved from <http://fmj.sagepub.com/content/25/3/283>

- Chirkov, V.I., Ryan, R.M., & Willness, C. (2005). Cultural context and psychological needs in Canada and Brazil: Testing a self-determination approach to the internalisation of cultural practices, identity and well-being. *Journal of Cross-Cultural Psychology* (2005), 36 (4), 423. Retrieved from <http://jcc.sagepub.com/content/36/4/423.refs.html>
- Christakis, N.A., & Fowler, J.H. (2007). The spread of obesity in a large social network over 32 years. *New England Journal of Medicine* (2007), 357, 370-379. Retrieved from <http://christakis.med.harvard.edu/pdf/publications/articles/078.pdf>
- Christakis, N. A., & Fowler, J. H. (2011). *Social contagion theory: examining dynamic social networks and human behavior*. Retrieved from <http://christakis.med.harvard.edu/pdf/publications/articles/136.pdf>
- Clandinin, D.J., & Connelly, F.M. (2000). Narrative enquiry. Experience and story in qualitative research. Retrieved from <http://csuphd.pbworks.com/w/file/51208925/narrative%20inquiry%20clandin%20and%20connelly.pdf>
- Colman, A.M. (Ed.). (2009). *Oxford dictionary of psychology*. New York: Oxford University Press.
- Conway-Smith, E. (24 November 2011). *Some South Africans wonder: Has freedom made us fat?* Retrieved from <http://www.globalpost.com/dispatch/news/regions/africa/south-africa/111122/south-africa-freedom-fat-obesity>

- Cowland, D. (30 January 2013). *Top five functional trends for 2013: Emerging vs. developed markets*. Retrieved from <http://blog.euromonitor.com/2013/01/top-five-functional-trends-for-2013-emerging-vs-developed-markets.html>
- Davis, S.L. (2011). *Ten interesting things about human behaviour*. Published on Kindle 01 October 2011. Downloaded on 23 December 2012.
- Deane, T. (2005). Understanding the need for anti-discrimination legislation in South Africa. *Fundamina*, 1 (2), 2-11. Retrieved from <http://uir.unisa.ac.za/handle/10500/3628>
- Demeritt, D. (2002). What is the 'social construction' of nature? A typology and sympathetic critique. *Progress in Human Geography* (2002), 26 (6), 766-789. Retrieved from DOI 10.1191/0309132502ph402pr
- Denham, M.A., & Onwuegbuzie, A.J. (2013). Beyond words: Using nonverbal communication data in research to enhance thick description and interpretation. *International Journal of Qualitative Methods* (2013), 670-696. Retrieved from <http://ejournals.library.ualberta.ca/index.php/IJQM/article/view/19271/16031>
- Department of Health, Medical Research Council, OrcMacro. (2007). *South Africa Demographic and Health Survey 2003*. Pretoria: Department of Health. <http://www.measuredhs.com/pubs/pdf/FR206/FR206.pdf>
- DeVault, M.L. (1995). Ethnicity and expertise: Racial-ethnic. Knowledge in sociological research. *Gender & Society* (October 1995), 9 (5), 612-631. Retrieved from <http://www.jstor.org/stable/189899> DOI: 10.1177/089124395009005007
- Dittmann, M. (Ed.). (January 2004). Weighing in on fat bias. *Monitor on Psychology*. (January 2004). 35, (1). Print version: page 60. Retrieved from <http://www.apa.org/monitor/jan04/weighing.aspx>

- Dodge, R., Daly, A.P., Huyton, J., & Sanders, L.D. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing*, 2 (3), 222-235.  
DOI:10.5502/ijw.v2i3.4. Retrieved from  
<http://www.internationaljournalofwellbeing.org/index.php/ijow/article/viewFile/89/238>
- Domenico, D.M., & Jones, K.H. (2006). Career aspirations of women in the 20<sup>th</sup> century. *Journal of Career and Technical Education* (Fall 2006), 22 (2). PDF. Retrieved from <http://scholar.lib.vt.edu/ejournals/JCTE/v22n2/pdf/domenico>
- Drenowski, A.A. (n.d.). Obesity and the food environment: Dietary energy density and diet costs. *American Journal of Preventive Medicine*, 27 (3) 154-162.  
Supplement (October 2004). Retrieved from DOI:10.1016/j.amepre.2004.06.011
- Earle, J. (2012). *Waking up, learning what your Life is trying to teach you*.  
Downloaded on Kindle 14 May 2013. Print version published by Allawalla Books, Miami, Florida.
- Ergun, A., & Erdemir, A. (2009). Negotiating insider and outsider identities in the field: "Insider" in a foreign land; "outsider" in one's own Land. *Field Methods* (2010), 22:16. Originally published online 18 November 2009.  
DOI: 10.1177/1525822X09349919
- Faber, M., & Kruger, H.S. (2005). Dietary intakes, perceptions regarding body weight, and attitudes toward weight control of normal weight, overweight, and obese black females in a rural village in South Africa. *Ethnicity & Disease* (Spring 2005), 15, 238-245. Retrieved from  
<http://www.ncbi.nlm.nih.gov/pubmed/15825970>

- Fabiano, D.K.S. (2010). *The career development experiences of Black African female psychologists in South Africa: A narrative approach*. (Master's dissertation). University of KwaZulu-Natal, Pietermaritzburg. Retrieved from [www.researchspace.ukzn.ac.za/xmlui/handle/10413/4134](http://www.researchspace.ukzn.ac.za/xmlui/handle/10413/4134)
- Featherstone, M. (2010). Body, image and affect in consumer culture. *Body & Society* (2010), 16 (1) 193-221: DOI: 10.1177/1357034X09354357. Retrieved from <http://bod.sagepub.com/content/16/1/193>
- Fourie, A. S. (2009). *Psychological empowerment: A South African perspective*. (Doctoral thesis) University of South Africa, Pretoria.
- Flick, U. (2009). *An introduction to qualitative research*. (4<sup>th</sup> ed.). Thousand Oaks, CA: Sage.
- Gerber, L. (2012). Fat Christians and fit elites: Negotiating class and status in Evangelical Christian weight-loss culture. *American Quarterly, American Studies* (2012), 64 (1) 61-84. Retrieved from [http://muse.jhu.edu/journals/american\\_quarterly/summary/v064/64.1.gerber.html](http://muse.jhu.edu/journals/american_quarterly/summary/v064/64.1.gerber.html)
- Gergen, K.J. (1985). The social constructionist movement. Reprinted from *American Psychologist*, 40 (3). March 1985. Retrieved from [http://www.swarthmore.edu/Documents/faculty/gergen/Social\\_Constructionist\\_Movement.pdf](http://www.swarthmore.edu/Documents/faculty/gergen/Social_Constructionist_Movement.pdf)
- Gergen, K.J. (2009). *An invitation to social construction*. (2<sup>nd</sup> ed.). Published on Kindle 30 June 2012. Downloaded 21 September 2013. Print version published 2009. Thousand Oaks, CA: Sage.
- Gergen, K.J., & Gergen, M. (2004). *Social construction. Entering the dialogue*. Published on Kindle 26 April 2012. Downloaded 21 August 2013. Print version published 2004. Chagrin Hills, Ohio: Tao Institute.

- Gergen, M. (2010). Teaching brief: Teaching psychology of gender from a social constructionist standpoint. *Psychology of Women Quarterly* (June 2010), 34, 261-264. DOI:10.1111/j.1471-6402.2010.01567.x
- Gilgun, J. (2011). *Analysis in qualitative research: Identifying and tracking webs of meaning*. Published on Kindle 1 September 2011. Downloaded 20 February 2013.
- Goedecke, J.H., & Jennings, C.L. (2005). Ethnic differences in obesity. *Continuing Medical Education*, 23 (11). Retrieved from [www.cmej.org.za/index.php/cmej/article/view/763](http://www.cmej.org.za/index.php/cmej/article/view/763)
- Groenewald, T. (2010). *Qualitative inquiry growth* [Blog post]. Retrieved from [http://psychsoma.co.za/qualitative\\_inquiry\\_growt/2010/06/index.html](http://psychsoma.co.za/qualitative_inquiry_growt/2010/06/index.html)
- Hacking, I. (1999). The social construction of what? *Harvard University Press*. Cambridge, Massachusetts and London, England. In Demeritt, D. (2002). What is the 'social construction' of nature? A typology and sympathetic critique. *Progress in Human Geography* (2002), 26 (6) 766-789. Retrieved from DOI 10.1191/0309132502ph402pr
- Heber, D. (2005). *The L.A. shape diet*. New York: HarperCollins.
- Hebl, M.R., & Turchin, J. M. (2005). The stigma of obesity: What about men? *Basic and Applied Social Psychology*, 27 (3), 267-275. Retrieved from [www.tandfonline.com/DOI/abs/10.1207/s15324834basp2703\\_8](http://www.tandfonline.com/DOI/abs/10.1207/s15324834basp2703_8)
- Hersh, T. R. (n.d.). *Key concepts. Points of view*. [Blog post]. Retrieved from <http://www.psychological-observations.com/key-concepts/points-of-view>
- Ho, W. (n.d.). *Phenomenology*. Retrieved from <http://www.personal.psu.edu/wxh139/pheno.htm>



- Hsieh, H-F., & Shannon, S.E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15 (9) 1277. DOI: 10.1177/1049732305276687. Retrieved from <http://qhr.sagepub.com/content/15/9/1277>
- Ives, E. D. (1972). *The tape-recorded interview*. Knoxville TN: Tennessee University Press, 94-101. Adapted by Tim Rogers & Tanya Kalmanovitch (n.d.). (University of Calgary, Psychology) Retrieved from <http://apmc.newmdsx.com/CATA/resources/B1-Recording%20and%20Transcribing.pdf>
- James, F.M. (1983). *A survey of the attitudes and experiences of a sample of Black professional and managerial women in South Africa*. (Master's dissertation). University of Natal, KwaZulu-Natal.
- James, N. (2008). Authenticity. In L. Given (Ed.). *The SAGE encyclopedia of qualitative research methods*, 45-46. Thousand Oaks, CA: Sage. DOI: 10.4135/9781412963909.n26
- Jansen, J. (2012). *A woman's world beckons*. Article for The Times. Retrieved from <http://www.tomorrowtoday.co.za/category/collaboration-and-partnerships/>
- Johnson, S. B. (2012). Addressing the obesity epidemic: Why should psychologists care? *American Psychological Association. Monitor*. (April 2012), 43 (4). Retrieved from <http://www.apa.org/monitor/2012/04/pc.aspx>
- Jungbauer, M., & Ott, J. (2009). *The Wellness Model*. Retrieved from <http://www.msfocus.org/article-details.aspx?articleID=367>
- Keegan, S. (n.d.). Nonverbal communication. In Given, L.M. (2008). *The SAGE encyclopedia of qualitative research methods*. Retrieved from <http://srmo.sagepub.com/view/sage-encyc-qualitative-research-methods/n290.xml>

- Kiernan, J. (2012). *The experiences of children with learning disabilities and behavioural needs within services and society*. Retrieved from [www.rcn.org.uk/\\_\\_data/assets/pdf\\_file/.../2012\\_RCN\\_research\\_3.3.1.pdf](http://www.rcn.org.uk/__data/assets/pdf_file/.../2012_RCN_research_3.3.1.pdf)
- Kim, H., & Damhorst, J.A. (2010). The relationship of body-related self-discrepancy to body dissatisfaction, apparel involvement, concerns with fit and size of garments, and purchase intentions in online apparel shopping. *Clothing and Textiles Research Journal* (2010), 28 (4), 239. Originally published online 13 September 2010. DOI: 10.1177/0887302X10379266. Retrieved from <http://ctr.sagepub.com/content/28/4/239>
- Knox, S., & Burkard, A. (2009). Qualitative research interviews. [Originally published in] *Psychotherapy Research* (June-September 2009), 19 (4-5). DOI: 10.1080/10503300802702105. Copyright 2009 Taylor and Francis. Used with permission. Retrieved from [http://epublications.marquette.edu/cgi/viewcontent.cgi?article=1121&context=edu\\_fac](http://epublications.marquette.edu/cgi/viewcontent.cgi?article=1121&context=edu_fac)
- Krefting, L. (1990). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy* (March 1991), 45 (3), 215. Retrieved from [http://portal.limkokwing.net/modulemat/rigor%20in%20qualitative%20research%20trustworthiness%20test\(1\).pdf](http://portal.limkokwing.net/modulemat/rigor%20in%20qualitative%20research%20trustworthiness%20test(1).pdf)
- Kruger, H.S., Puoane, T., Senekal, M., & van der Merwe, M-T. (2005). Obesity in South Africa: Challenges for government and health professionals. *Public Health Nutrition*, 8 (5), 491-500. Retrieved from <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=5851>

Labarre, W. (1947). The cultural basis of emotions and gestures. *Journal of Personality*, 16, 49–68. Retrieved from DOI: 10.1111/j.1467-6494.1947.tb01075.x. Article first published online 28 April 2006

Landau, E. (Ed.) (10 July 2009). *As nation gains, “overweight” is relative*. Retrieved from <http://edition.cnn.com/2009/HEALTH/07/10/attitudes.overweight/index.html?iref=newssearch>

Latner, J.D. (2012). Body weight and body image in adults, In: Thomas F. Cash, Editor(s), *Encyclopedia of body image and human appearance*. (2012). Oxford: Academic Press. 264-269. *Encyclopedia of body image and human appearance*. Retrieved from <http://0www.sciencedirect.com.oasis.unisa.ac.za/science/article/pii/B9780123849250000444>

Lefcourt, H.M., Sordoni, C., & Sordoni, C. (n.d.). *Locus of control and the expression of humor*. Investigation funded through the financial support of the Ontario Mental Health Foundation, Grant No. 117. University of Waterloo, Waterloo, Ontario. Manuscript received April 1973. Retrieved from <http://psycnet.apa.org/psycinfo/1977-03334-001> DOI: 10.1037/h0081839

Lester, S. (1999). *An introduction to phenomenological research*. Retrieved from [www.sld.demon.co.uk/resmethy.pdf](http://www.sld.demon.co.uk/resmethy.pdf)

Levitsky, D.A., & Pacanowski, C.R. (2011). Free will and the obesity epidemic. *Public Health Nutrition* (January 2012) 15, (1), 126-141. Published online: 19 September 2011. Retrieved from <http://0dx.DOI.org.oasis.unisa.ac.za/10.1017/S1368980011002187>

- Lincoln, Y.S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage.  
Retrieved from <http://www.qualres.org/HomeLinc-3684.html>
- Lucero, C. (June 2003). *Understanding the tenure-track experiences of Black women in science and engineering*. Presented at the WEPAN Conference, Chicago Illinois.  
Retrieved from  
<http://journals.psu.edu/index.php/wepan/article/download/58303/57991>
- Lyell, C. V. (1998). *Perpetrators of child sexual abuse: Social constructionist and traditional empirical approaches*. (Doctoral thesis). Rand Afrikaans University/UJ, Johannesburg, South Africa.
- Malone, M.K., & Thomas. M. (2010). Qualitative research tips, tricks and trends: What every researcher should know. Published on Kindle 6 December 2010.  
Downloaded on 28 February 2013. Ithaca, NY: Paramount Market Publishing.
- Maree, J.G., & van der Westhuizen, C. (2009). *Head start in designing research proposals in the social sciences*. Cape Town, South Africa: Juta.
- Martin, R.A., Puhlik-Doris, P., Larsen, G., Gray. J., & Weir, K. (n.d.). Individual differences in uses of humor and their relation to psychological well-being: Development of the humor styles questionnaire. *Journal of Research in Personality* (February 2003), 37 (1), 48-75. Retrieved from  
<http://www.journals.elsevier.com/journal-of-research-in-personality/>
- Martinez, J.A., Kearney, J.M., Kafatos, A., Paquet, S., & Martinez-Gonzalez, M.A. (1999). Variables independently associated with self-reported obesity in the European Union. *Public Health Nutrition* (1999). Mar. 2 1A. 125-133. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/10933632>

- Matoti-Mvalo, T., & Puoane, T. (2010). Perceptions of body size and its association with HIV/AIDS. School of Public Health, University of the Western Cape. *South African Journal of Clinical Nutrition* (2011), 24 (1), 40-46. Retrieved from [www.sajcn.co.za](http://www.sajcn.co.za)
- Matsumoto, D. (2007). Culture, context and behavior. *Journal of Personality* (December 2007), 75 (6). DOI: 10.1111/j.1467-6494.2007.00476.x. Retrieved from <http://www.journals.elsevier.com/journal-of-research-in-personality/>
- Mchiza, Z. J-R. (2008). *Factors associated with obesity in South African mothers and their pre-adolescent daughters: A cross-cultural validation and comparison study*. (Doctoral thesis). University of Cape Town Libraries, South Africa. Retrieved from <http://hdl.handle.net/11180/828>
- McAdams, D.P., Jackson, R.J., & Kirshnit, C. (1984). Looking, laughing and smiling in dyads as a function of intimacy, motivation and reciprocity. *Journal of Personality* (September 1984), 52 (3). Retrieved from <http://www.journals.elsevier.com/journal-of-research-in-personality/>
- McElhone, S., Kearney, J.M., Giachetti, I., Zandt, H-J. F., & Martinez, J.A. (1999). Body image perception in relation to recent weight changes and strategies for weight loss in a nationally representative sample in the European Union. *Public Health Nutrition* (1999), 2, 143-151. Retrieved from <http://dx.DOI.org/10.1017/S1368980099000191>
- Milazi, D. (1993). *African women in decision-making positions: Vanguard for gender equality?* Centre for Development Analysis, Pretoria, South Africa.

- Millstein, R.A., Carlson, S.A., Fulton, J.E., Galuska, D.A., Zhang, J., Blanck, H.M., & Ainsworth, B.E. (2008). Relationships between body size satisfaction and weight control practices among US adults. *Medscape Journal of Medicine* (2009), 10 (5), 119. Retrieved from <http://www.medscape.com/>
- Misztal, B. (1996). *Trust in modern societies: The search for the bases of social order*. E-book downloaded 27 September 2013. Polity Press in association with Blackwell, Cambridge, UK.
- Morrow, S.L. (2007). Qualitative research in counselling psychology: Conceptual foundations. *The Counselling Psychologist* (2007), 35 (2), 209. DOI: 10.1177/0011000006286990. Retrieved from <http://tcp.sagepub.com/cgi/content/abstract/35/2/209>
- Naidu-Hoffmeester, R. (Ed.) (2013). *Better fitting clothes? Unisa researchers scan the way at Science Campus*. Retrieved from <http://www.unisa.ac.za/news/index.php/2013/07/better-fitting-clothes-unisa-researchers-scan-the-way-at-science-campus/>
- Nezporient, L. (Ed.). (20 August 2013). *Obesity may be more than one disease*. Retrieved from <http://abcnews.go.com/Health/obesity-multiple-cures/story?id=20004903>
- Ngcongong, R.P. (1993). Power, culture and the African woman. *Agenda, No. 19, Women and Difference* (1993), 5-10. Agenda Feminist Media. Retrieved from <http://www.jstor.org/stable/4065989>
- Nordquist, R. (n.d.). *Grammar and composition. What is a metaphor? Thirteen ways of looking at a metaphor*. Retrieved from <http://www.about.com>

- Ogunbanjo, G.A. (2013). The obesity epidemic: Are we losing the battle? *South African Family Practice* (2013), 55 (1). Retrieved from [www.safpj.co.za/index.php/safpj/article/download/3741/4444](http://www.safpj.co.za/index.php/safpj/article/download/3741/4444)
- Olsen, W. (Ed). (2009). Realist methodology: A review. Series title: *Benchmarks in social research methods*. Title of Set: *Realist Methodology*. University of Manchester, Manchester, United Kingdom. PDF. Retrieved from [www.escholar.manchester.ac.uk/api/datastream?publicationPid=uk-ac-man-scw:75773&datastreamId=SUPPLEMENTARY-1.PDF](http://www.escholar.manchester.ac.uk/api/datastream?publicationPid=uk-ac-man-scw:75773&datastreamId=SUPPLEMENTARY-1.PDF) - 189k
- Omwake, L. (1937). A study of sense of humor: its relation to sex, age, and personal characteristics. *Journal of Applied Psychology* (Dec 1937), 21 (6), 688-704. Retrieved from [http://en.wikipedia.org/wiki/Nervous\\_laughter](http://en.wikipedia.org/wiki/Nervous_laughter)  
[psycnet.apa.org/journals/apl/21/6/688.pdf](http://psycnet.apa.org/journals/apl/21/6/688.pdf)
- Orloff, J. (2009). *Emotional Freedom: Liberate yourself from negative emotions and transform your life*. Crown Publishing Group. Published on Kindle 21 February 2009. Downloaded on Kindle 8 October 2013. New York: Harmony Books
- Owen, I. R. (1995). *Social Constructionism and the theory, practice and research of psychotherapy: A phenomenological psychology manifesto*. Retrieved from <http://www.intentionalitymodel.info/pdf/SOCCONST.pdf>
- Paeratakul, S., White, M.A., Williamson, D.A., Ryan, D.H., & Bray, G.A. (2002). Sex, race/ethnicity, socioeconomic status, and BMI in relation to self-perception of overweight. *Obesity Research* (May 2002), 10 (5), 345-350. Article first published online 6 September 2012. DOI: 10.1038/oby.2002.48. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/12006633>
- Patton, M.Q. (1990). *Qualitative evaluation and research methods*. (2<sup>nd</sup> ed.). PDF Chapter 7. Newbury Park, CA and London, England: Sage.

- Paxton, S.J., Schutz, H.K., Wetheim, E.H., & Muir, S.L. (1999). Friendship clique and peer influences on body image concerns, dietary restraint, extreme weight-loss behaviors, and binge eating in adolescent girls. *Journal of Abnormal Psychology* (1999), 108 (2), 255-266. Retrieved from [www.psycnet.apa.org/journals/abn/108/2/255.html](http://www.psycnet.apa.org/journals/abn/108/2/255.html)
- Pilzer, P-Z. (2002, 2007). *The wellness revolution. The new wellness revolution*. Retrieved from <http://thewellnessrevolution.paulzanepilzer.com>
- Pompper, D., & Koenig, J. (2004). Cross-cultural-generational perception of ideal body image: Hispanic women and magazine standards. *Journalism and Mass Communication Quarterly* (Spring 2004), 81 (1), 89. Retrieved from <http://intl-jmq.sagepub.com/content/81/1/89.abstract> DOI: 10.1177/107769900408100107
- Ponterotto, J.G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counselling Psychology* (2005), 52 (2), 126-136. [PDF] DOI: 10.1037/0022-0167.52.2.126 Retrieved from [http://www.quartetfest.ca/documents/33997/PS398-Ponterotto\\_2005\\_Primer\\_on\\_phil\\_of\\_sci.pdf](http://www.quartetfest.ca/documents/33997/PS398-Ponterotto_2005_Primer_on_phil_of_sci.pdf)
- Popkin, B.M. (2007). *Handbook of obesity prevention. A resource for health professionals*. Springer: US. Retrieved from <http://www.springer.com/public+health/book/978-0-387-47859-3>
- Prinsloo, E.A.M., Joubert, G., Mohale, M., Nyindi, N., Matu, N., Ntechane, L., & Struwig, M.C. (2011). The prevalence and perception of obesity and its association with the lifestyle of women at the Manguang University Community Partnership Project Healthcare Centre, Bloemfontein. *South African Family Practice* (2011), 531 (4), 366-372. Retrieved from <http://www.safpj.co.za/index.php/safpj/article/view/1651>



- Priya, D., Prasanna, K.S., Sucharitha, S., & Vaz, N.C. (2010). Body image perception and attempts to change weight among female medical students at Mangalore. *Indian Journal of Community Medicine* (April 2010), 35 (2), 316-320. Retrieved from <http://www.ijcm.org.in/text.asp?2010/35/2/316/66886>  
DOI: 10.4103/0970-0218.66886
- Provine, R. R. (1993). Laughter punctuates speech: Linguistic, social and gender contexts of laughter. *Ethnology*, 95, 291-298. Retrieved from <http://onlinelibrary.wiley.com/DOI/10.1111/j.1439-0310.1993.tb00478.x/abstract>
- Provine, R.R. (1996). Laughter. *American Scientist* (Jan-Feb, 1996), 84 (1), 38-47. Retrieved from <http://www.americanscientist.org/issues/feature/laughter/1>
- Puhl, R.M. (n.d.). Understanding size bias. A conversation with Dr Rebecca Puhl (Yale Rudd Centre). Retrieved from <http://www.tolerance.org/activity/understanding-size-bias>
- Puhl, R. M. & Heuer, C. A. (2009). The stigma of obesity: A review and update. *Obesity* (May 2009), 17, 941-964. Retrieved from <http://onlinelibrary.wiley.com/DOI/10.1038/oby.2008.636/full>  
DOI: 10.1038/oby.2008.636
- Puoane, T., Fourie, J.M., Rosling, L., Tshaka, N.C., & Oelefs, A. (2005). Big is beautiful - An exploration with urban Black community health workers in a South African township. *SA Journal of Clinical Nutrition* (April 2005), 18 (1). Retrieved from <http://www.sajcn.co.za/index.php/SAJCN/issue/view/14>

- Puoane, T., Steyn, K., Bradshaw, D., Laubscher, R., Fourie, J., Lambert, V., & Mbananga, N. (2002). Obesity in South Africa: The South African Demographic and Health Survey Obesity Research. *Obesity Research* (October 2002), *10* (10), 1038-1048. Article first published online: 6 September 2012. Retrieved from <http://onlinelibrary.wiley.com/DOI/10.1038/oby.2002.141/full>  
DOI: 10.1038/oby.2002.141 2002 North American Association for the Study of Obesity (NAASO)
- Reber, A.S. (Ed.). (1985). *The Penguin dictionary of psychology*. Middlesex, England: Penguin Books,
- Reddy, S., & Otieno, R. (2013). Relationship between body image and clothing perceptions among women aged 18-55 years in the UK. *International Journal of Arts and Commerce*, *2* (5). Retrieved from [http://www.ijac.org.uk/images/frontImages/gallery/Vol.\\_2\\_No.\\_5/5.pdf](http://www.ijac.org.uk/images/frontImages/gallery/Vol._2_No._5/5.pdf)
- Riley, N.M., Bild, D.E., Cooper, L., Schreiner, P., Smith, D.E., Sorlie, P., & Thompson, J.K. (1997). Relation of self-image to body size and weight loss attempts in Black women. The CARDIA Study. *American Journal of Epidemiology*, *148* (110), 1062-1068. Retrieved from <http://aje.oxfordjournals.org/content/148/11/1062.full.pdf+html>
- Roberts, A., Cash, T.F., Feingold, A., & Johnson, B.T. (2006). Are Black-White differences in females' body dissatisfaction decreasing? A meta-analytic review. *Journal of Consulting and Clinical Psychology* (2006), *74* (6), 1121-1131. Retrieved from <http://psycnet.apa.org/DOI/10.1037/0022-006X.74.6.1121>
- Rubin, J. (with Bulwer, B). (2008). *Perfect weight America*. Florida: Siloam.

- Ruiz, D.M. (1997). *The four agreements*. San Rafael, CA: Amber-Allen.
- Sapadin, L. (2013). Constructing a conversation. Retrieved from <http://www.trans4mind.com/counterpoint/index-communication-relationships/sapadin19.shtml>, and personal communication, e-mail from Dr. Sapadin (LSapadin@aol.com) received 15h05, 27 August 2013, lines 3-5. Dr. Sapadin website <http://www.drsapadin.com/index.php>
- Sauter, D. A., Eisner, F., Ekman, P., & Scott, S.K. (2010). *Cross-cultural recognition of basic emotions through nonverbal emotional vocalizations*. Retrieved from <http://www.pnas.org/content/early/2010/01/11/0908239106.full.pdf+html>
- Schuler, P.B., Vinci, D., Isosaari, R.M., Philipp, S.F., Todorovich, J., Roy, J.L.P., & Evans, R.R. (2008). Body-shape perceptions and Body Mass Index of older African-American and European-American women. *Journal of Cross-Cultural Gerontology* (2008), 3, 255- 264. Retrieved from [www.ncbi.nlm.nih.gov/pubmed/18379865](http://www.ncbi.nlm.nih.gov/pubmed/18379865) DOI 10.1007/s10823-008-9061-y
- Schvey, N.A., Puhl, R.M., Levandoski, K.A., & Brownell, K.D. (2012). The influence of a dependant's body weight on perceptions of guilt. *International Journal of Obesity* (2013), 1-7. Retrieved from [www.nature.com/ijo](http://www.nature.com/ijo)
- Searle, J. R. (1995) *The construction of social reality*. The Free Press.
- Senekal, M., Steyn, N.P., & Nel, J.H. (n.d.). Factors associated with overweight/obesity in economically active South African populations. *Ethnicity & Disease* (2003), 13: 109-116. In Steyn, N.P. (2005). Big is beautiful - and unhealthy and confusing? Editorial. *South African Journal of Clinical Nutrition* (April 2005), 18 (1). Retrieved from <http://www.sajcn.co.za/index.php/SAJCN/article/view/88>

- Sibiya, E. (1990). *Thoughts of an African woman*. Braamfontein, South Africa: Skotaville.
- Skaal, L., & Pengpid, S. (2011). Obesity and health problems among South African healthcare workers: Do healthcare workers take care of themselves? *South African Family Practice* (2011), 53 (6), 563-567 Retrieved from <http://www.safpj.co.za/index.php/safpj/issue/view/75>
- Smith, M. (2008). *Laughter: Nature or culture*. Paper delivered at the 2008 meeting of International Society for Humor Research, Alcala de Henares, Spain. Retrieved from <https://scholarworks.iu.edu/dspace/bitstream/handle/2022/3162/Laughter%20nature%20culture1.pdf>
- Song, H. K., & Ashdown, S.P. (2013). Female apparel consumers' understanding of body size and shape: Relationship among body measurements, fit satisfaction, and body cathexis. *Clothing and Textiles Research Journal* (2013), 31 (3), 143. DOI 10.1177/0887302X13493127. Retrieved from <http://ctr.sagepub.com/content/31/3/143>
- South African Institute of Race Relations, Press Release (2013). *African women and white men weigh in heaviest*. Retrieved from <http://www.sairr.org.za/media/media-releases/African%20women%20and%20white%20men%20weigh%20in%20heaviest.pdf/view?searchterm=african+women+white+men+weight>
- South African Institute of Race Relations, Survey 2012. Retrieved from <http://0-www.sairr.org.za.oasis.unisa.ac.za/services/publications/south-africa-survey/south-africa-survey-2012/downloads/pp215-284.Employ.05Dec12.pdf>

- South African Institute of Race Relations, Survey Online 2006/2007. Retrieved from <http://0-www.sairr.org.za.oasis.unisa.ac.za/services/publications/south-africa-survey/south-africa-survey-online-20067-2007>
- Stam, H.J. (2001). Introduction: Social Constructionism and its critics. *Theory & Psychology, 11* (3), 291-296. Retrieved from <http://tap.sagepub.com/content/11/3/291.short>
- Steyn, N.P. (2005). Big is beautiful - and unhealthy and confusing? Editorial. *South African Journal of Clinical Nutrition* (April 2005), 18 (1). Retrieved from <http://www.sajcn.co.za/index.php/SAJCN/article/view/88>
- Steyn, N.P., Nel, J.H., Parker, W., Ayah, R., & Mbithe, D. (2012). Urbanisation and the nutrition transition: A comparison of diet and weight status of South African and Kenyan women. *Scandinavian Journal of Public Health, 40*, 229. Retrieved from <http://sjp.sagepub.com/content/40/3/229.full>
- Streib, L. (Ed). (2007). *World's fattest countries*. Retrieved from [http://www.forbes.com/2007/02/07/worlds-fattest-countries-forbeslife-cx\\_ls\\_0208worldfat.html](http://www.forbes.com/2007/02/07/worlds-fattest-countries-forbeslife-cx_ls_0208worldfat.html)
- Strom, S. (Ed.) (September 2013). *With tastes growing healthier, McDonald's aims to adapt its menu*. Retrieved from [http://www.nytimes.com/2013/09/27/business/mcdonalds-moves-toward-a-healthier-menu.html?\\_r=0](http://www.nytimes.com/2013/09/27/business/mcdonalds-moves-toward-a-healthier-menu.html?_r=0)
- Swartz, L., de la Rey, C., Duncan, N., & Townsend, L. (2011). *An introduction to psychology*. (3<sup>rd</sup> ed.). Cape Town, South Africa: Oxford University Press Southern Africa.

Teusner, A. (2010). "Being" versus "going" Native: An account from the OHS Field, *Journal of Health & Safety Research & Practice*, (2) 2, 23-33. Retrieved from [www.sia.org.au/download.aspx?link=2394](http://www.sia.org.au/download.aspx?link=2394)

The A-Z of social research. Constructionism, Social. (2003). Miller, R.L., & Brewer, J.D. (Contributors). Print pages: 42-44. *SAGE Research Methods*. Retrieved from DOI: 10.4135/9780857020024

The SAGE dictionary of qualitative management research. Social Constructionism. (2008). Thorpe, R., & Holt, H. (Contributors). Print pages: 201-203 *SAGE Research Methods*. Retrieved from DOI: 10.4135/9780857020109

Thompson, L.L. (2005). The effect of body image on self-esteem across ethnicity. *University of North Carolina at Charlotte*. Retrieved from <http://www.psych.uncc.edu/Thompson.pdf>

Tiggemann, M., & Lynch, J.E. (2001). Body image across the lifespan in adult women: The role of self-objectification. *Developmental Psychology* (2001), 37 (2), 243-253. DOI: 10.1037/0012-1649.37.2.243 Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/11269392>

Tugade, M.M., Frederickson, B.L., & Barrett, L.F. (2004). Psychological resilience and positive emotional granularity: Examining the benefits of positive emotions on coping and health. *Journal of Personality* (December 2004), 72 (6). Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/15509280>

Vanda, S., & Roberts, C. (2006). *Bigger but not better*. South African Medical Research Council. MRC News. Retrieved from <http://www.mrc.ac.za/mrcnews/dec2006/bigger.htm>

- Van Den Berg, H.S., & Van Zyl, E.S. (2008). A cross-cultural comparison of the stress experienced by high-level career women. *South African Journal of Industrial Psychology* (2008), 34 (3), 17-21. Retrieved from <http://www.sajip.co.za/index.php/sajip/article/view/726>
- Wardle, J., & Cooke, L. (2005). The impact of obesity on psychological well-being. *Best Practice & Research Clinical Endocrinology & Metabolism* (2005), 19 (3), 421-440. DOI:10.1016/j.beem.2005.04.006. PDF. Retrieved from <http://www.sciencedirect.com>
- Waters, J. (n.d.). *Phenomenological research guidelines*. Retrieved from <https://www.capilanou.ca/psychology/student-resources/research-guidelines/Phenomenological-Research-Guidelines/>
- Yeary, K.H.K., Chan-hee, J., Simpson, P., Gossett, J.M., Stein Johnson, G., McCabe-Sellers, B.J., Thornton, A., Prewitt, E., & McGee, B.B. (2009). Religion and body weight in an underserved population. *Race, Gender & Class*, (2009), 16 (3 slash 4), 82-98. Retrieved from <http://www.jstor.org/stable/41674676>
- Yin, R.K. (2010). *Qualitative research from start to finish*. Guilford Publications. Retrieved from <http://lib.myilibrary.com?ID=288651>
- <http://www.added-value.com/source/2010/09/new-study-finds-south-africans-in-denial-over-health/> Title: Study finds South Africans in denial over health
- <http://www.apa.org/monitor/jan04/weighing.aspx> Title: Weighing in on fat bias
- <http://www.aqr.org.uk/glossary/?term=nonverbal> Title: Non-verbal communication
- <http://dictionary.reference.com/browse/Socialconstructionism> *Dictionary.com's 21st Century Lexicon*. Retrieved 21 September 2013 from Dictionary.com website

<http://www.economist.com/node/21541845> Title: Fat is bad but beautiful. South Africans need to become healthier.

[http://www.forbes.com/2007/02/07/worlds-fattest-countries-forbeslife-](http://www.forbes.com/2007/02/07/worlds-fattest-countries-forbeslife-cx_ls_0208worldfat.html)

[cx\\_ls\\_0208worldfat.html](http://www.forbes.com/2007/02/07/worlds-fattest-countries-forbeslife-cx_ls_0208worldfat.html) Title: World's Fattest Countries

[http://www.globalpost.com/dispatch/news/regions/africa/south-africa/111122/south-](http://www.globalpost.com/dispatch/news/regions/africa/south-africa/111122/south-africa-freedom-fat-obesity)

[africa-freedom-fat-obesity](http://www.globalpost.com/dispatch/news/regions/africa/south-africa/111122/south-africa-freedom-fat-obesity) Title: Some South Africans wonder: Has freedom made us fat?

<http://www.hsph.harvard.edu/obesity-prevention-source/obesity-trends/> Obesity Trends.

Title: Tracking the global epidemic

[http://www.hsph.harvard.edu/obesity-prevention-source/obesity-trends/obesity-rates-](http://www.hsph.harvard.edu/obesity-prevention-source/obesity-trends/obesity-rates-worldwide/)

[worldwide/](http://www.hsph.harvard.edu/obesity-prevention-source/obesity-trends/obesity-rates-worldwide/) Title: Adult Obesity

<http://www.hsph.harvard.edu/nutritionsource/exercise-weight-loss/> Title: Exercise and

weight loss

<http://mg.co.za/article/2012-01-13-thats-how-we-roll> Title: That's how we roll

<http://www.mrc.ac.za/mrcnews/dec2006/obesity.htm> Title: Obesity in urban women - Is

too much food intake the only causing factor?

<http://www.msfocus.org/article-details.aspx?articleID=367> Title: The Wellness Model

<http://www.nationalwellness.org/?page=AboutWellness&hhSearchTerms=definition+and>

[+wellness](http://www.nationalwellness.org/?page=AboutWellness&hhSearchTerms=definition+and) Title: Six dimensions of wellness

[http://www.noo.org.uk/NOO\\_about\\_obesity/measurement](http://www.noo.org.uk/NOO_about_obesity/measurement) Public Health England

Title: Measurement of obesity

<http://www.nytimes.com/2007/07/25/health/25cnd-fat.html> Title: Obesity can be

contagious.

[http://www.oecd.org/general/listofoeecdmembercountries-](http://www.oecd.org/general/listofoeecdmembercountries-ratificationoftheconventionontheoecd.htm)

[ratificationoftheconventionontheoecd.htm](http://www.oecd.org/general/listofoeecdmembercountries-ratificationoftheconventionontheoecd.htm) Title: List of OECD Member Countries



<http://www.oecd.org/health/49716427.pdf> Title: Obesity Update 2012 (30 June, 2012)

<http://www.rightdiagnosis.com/symptoms/laughter/types.htm> Title: Types of Laughter

<http://www.tolerance.org/activity/understanding-size-bias> Title: A conversation with Dr

Rebecca Puhl (Yale Rudd Centre).

[http://www.who.int/nmh/publications/fact\\_sheet\\_diet\\_en.pdf](http://www.who.int/nmh/publications/fact_sheet_diet_en.pdf) Title: Unhealthy diets and physical activity NMH Fact Sheet June 2009

<http://www.unisa.ac.za/news/index.php/2013/07/better-fitting-clothes-unisa-researchers-scan-the-way-at-science-campus/> Title: Better fitting clothes

## Appendix 1

**Informed Consent Form (ICF)****for the study entitled****“Professional Black South African Women: Body Image, Cultural Expectations and the Workplace”****Name of Researcher: Miss X M (Beba) Papakyriakou, Master’s student,  
Department of Psychology, UNISA****Name of Supervisor: Mrs. Hester-Louise Henderson**

This Informed Consent Form (ICF) has two parts:

- Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you choose to participate)

You will be given a copy of the full Informed Consent Form

**Part I: Information Sheet**

My name is Beba Papakyriakou, and I am a Master’s student in the Department of Psychology at UNISA. I am doing research on women’s perceptions of their bodies with specific reference to weight management, cultural expectations and the South African professional working environment.

I am going to give you information and invite you to be part of this research. Before you decide, you are welcome to speak to anyone you feel comfortable with about this research, and you do not need to decide today about whether you want to participate or not. You will also be free to withdraw from the study at any time should you wish to, and reschedule an appointment should you wish to continue with the study, while the overall study is in progress.

**Purpose of the research:**

South Africa ranks third in the world (after the USA and United Kingdom) as the country with the highest rates of obesity in the world. It is therefore clear that proper weight management strategies are urgently needed to address this epidemic and prevent the resultant negative health outcomes.

The purpose of this research is to attempt to understand some of the underlying factors that might have an influence on people’s perceptions and experiences regarding weight management. The purpose of the research is NOT to provide methods of weight management, and instead to understand issues relating to weight management.

The research will explore the following:

1. The body image of professional Black South African women and their perceptions about their body weight, body size and body shape.
2. Any differences that might exist between Black women's culture and cultural norms and expectations regarding body weight, shape and size, and what is expected of them regarding body weight, shape and size in the working environment in which they work.
3. What effect, if any, Black women's weight is having on their relationships in the workplace.

### **Type of Research**

This research will involve your participation in a one-on-one private discussion with me based on a few questions. The discussion shouldn't last longer than one hour.

### **Participant Selection**

You have been invited to participate because you expressed interest in weight management, and you are within the targeted population of professional\* women.

The reason for my choice of the targeted population is that minimal research has been done on this population regarding weight management issues and any underlying factors.

\* for purposes of the research, professional means middle management and above, or government sector equivalent, or as per education, e.g. Accounting, Medicine, Law, etc.

### **Voluntary Participation**

Your participation in this research is entirely voluntary and will have no bearing on your job/position at the company you work for. Also, you may change your mind and stop participating if you want to.

Note: Your participation, your details and your responses will be kept confidential. The details that will form part of the research report will be used as if they had been submitted anonymously. No personal identifying details will appear in the report. I would need your personal details for purposes of being able to communicate with you during and after the research.

### **Procedure**

I am asking you to help me learn more about how you perceive your body, and if you have found any differences between cultural expectations and what is expected in your work environment.

If you accept, I will be asking you some questions (see below). You will be free not to answer any that might make you feel uncomfortable and you can give me as much or as little information as you like. I do however urge you to be as honest and thorough as you

can as this will provide valuable information regarding the topics of the research and therefore promote greater understanding regarding these issues.

You will also be free to ask me questions about the research before we begin, during the discussion, and afterwards.

During the discussion, it will be just you and me, unless you would like someone else to be present, and it will be in a place where we can talk in private.

The information you give me will be kept confidential, and only I will have access to your personal details. Our discussion will be tape-recorded but you won't be identified by name on the tape. Where you might use your name or any other identifying details (e.g. reference to your occupation), I leave that blank in the transcription. This recording will assist me in analysing the content of the interview in an attempt to reach valid findings regarding the issues explored. Once I have used and analysed what you have told me, the tape will be locked away in a safe place, accessible only to me.

The questions that I would like to ask you are at the base of this Informed Consent Form.

### **Duration**

As mentioned, our discussion shouldn't take longer than one-hour but if there is anything else I might need to ask you or anything you might want to add, we can arrange to do that.

Once I have completed the research and have collated my findings, I would like to share the overall results with you as a way of thanking you for your participation.

### **Risks**

As you will see from the questions, I will be asking for some personal information. If you feel uncomfortable talking about any of it you do not need to answer if you don't want to, and you do not need to give any reason for not responding. I want you to feel comfortable in sharing some of your insights with me, knowing that the personal details will be kept confidential. Should you feel you wish to speak to a counsellor regarding any feelings that may have surfaced for you, during or after our discussion, I will refer you to competent therapists for this purpose (for your own account).

### **Benefits**

I cannot promise that there will be direct benefit to you by participating. However, you would benefit indirectly by having contributed to a study that creates knowledge and an understanding about body image perceptions and interpersonal interactions in the workplace. This information could possibly inform future interventions regarding these topics.

### **Reimbursement**

As your participation is voluntary, there will be no reimbursement for your time or any incentive to take part in the research. I hope that you will see enough benefit of a general

nature for you and for the community to be willing to participate in the research anyway.

### **Confidentiality**

Your personal details will be known only to me and all information will be treated as if it had been received anonymously.

### **Sharing the Results**

The results of my study will be shared in my research report (my dissertation) but none of your personal details will be in the report. Each participant will receive a summary of my report, with no identifiable specifics, and the report will be available to others who might be interested in the findings.

### **Right to Refuse or Withdraw**

As mentioned, you don't have to agree to take part in this research, and you may stop participating at any time during the process. Also, you will have the opportunity at the end of the discussion to review your remarks and to give me clarification if there is something I did not understand correctly.

### **Whom to Contact**

If you have any questions, you can ask them now or later.

This proposed study has been reviewed and approved by the Department of Psychology at UNISA. You can also contact my Supervisor, Mrs Louise Henderson at the Department of Psychology at UNISA on telephone number 012-4298214 if you wish.

You can ask me any questions about any part of the research study, if you wish to. Do you have any questions?

## **Part II: Certificate of Consent**

### **Statement by Participant**

I have been invited to participate in research about body image, cultural differences and working environment.

I have read the foregoing information, or it has been read to me.

I have had the opportunity to ask questions about it and my questions have been answered to my satisfaction.

Any questions I have been asked have been answered to my and the researcher's satisfaction.

I understand that the interview will be audio taped and by signing this consent, I agree to this stipulation.

I consent voluntarily to be a participant in this study.

**Print Name of Participant** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_

**Date** \_\_\_\_\_ **Place** \_\_\_\_\_  
Day/month/year

**Statement by the researcher**

**The information sheet as well as the discussion guidelines was sent to the potential participant ahead of time. A hard copy signed by me and by the participant has also been given to the participant at the time of the interview.**

**I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability.**

**I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

**A signed copy of this Informed Consent Form (ICF) has been provided to the participant.**

**Print Name of Researcher** \_\_\_\_\_

**Signature of Researcher** \_\_\_\_\_

**Date** \_\_\_\_\_ **Place** \_\_\_\_\_  
Day/month/year

Contact details of Researcher:

Tel. 0117841677

E-mail address: [bebap@netactive.co.za](mailto:bebap@netactive.co.za)

Based on the WHO Research Ethics Review Committee (WHO ERC)

[http://www.who.int/rpc/research\\_ethics/informed\\_consent/en/](http://www.who.int/rpc/research_ethics/informed_consent/en/)

## Appendix 2

### **Discussion guidelines/questions for the study entitled:**

#### **“Professional Black South African Women: Body Image, Cultural Expectations and the Workplace”**

1. Tell me about how you see your body in terms of weight, shape and size, in other words your body image.
2. What are your culture’s norms and expectations regarding a women’s body (in terms of weight, shape and size)?
3. To what extent are your cultural norms different or similar to the norms and expectations of the organisational context in which you work?
4. Please elaborate on any experiences you have had regarding cultural norms (regarding weight, body shape and size) and what is expected in this regard in the organisation in which you work.
5. Is there anything else you would like to add?

## Appendix 3

Interview with: Participant #9

Date: Saturday 20 April 2013

Location: Participant's home in Gauteng (participant works in Sandton)

Duration: 01h05:50 mins

Notes:

(In brackets) - Participant's agreement or mine, listening, nodding, repeating words used. "mmmm" and "uhuh" are some of the ways, not sure how else to transcribe that, or if I say "okay", "mm", etc. Also, ambience, e.g. laughter, chuckle, pause before answering/speaking.

(Name/reference to occupation/place of work) - Where participant mentioned her own name, or indicated her occupation, or occupation of colleagues that could loosely identify her or her occupation, or mentioned the type of work or the company.

[unclear] – Unclear what was said

*Italics* – Participant's emphasis/manner of speaking, or mine

BP = Interviewer (researcher); # = Participant

All participants were sent the complete Informed Consent Form as well as the Discussion Guidelines/Questionnaire ahead of time for perusal. At the time of the interview, all were presented with a printed copy of each; they and the researcher signed the copies, and had the questionnaire in front of them for the duration of the interview.

Researcher comment: We were unable to do this interview at the participant's place of work. She had originally scheduled it during working hours, but her company sprung a "cook-off" contest on everyone, so she invited me to do the interview the next day at her home on a Saturday. Her three young children were there, plus her helper, and the TV was on, but we were able to do the interview, and I could hear the recording clearly enough to transcribe.

- Interview begins -

BP: Okay so this is the interview with Participant #9 for the study Professional Black

South African Women: Body Image, Cultural Expectations and the Workplace. Thanks

again so much (okay) particularly for seeing me on a Saturday (no pr ...). We've got the

five questions that are basically just guidelines (all right) so that we don't veer too far off

the .... please feel free to tell me as much as you'd like to tell me or as little as you'd like

to tell me, so I can include them in the research (okay). Once I get home I'll transcribe



the interview, then analyse it, I will eventually write a dissertation on it with the findings, I hope to give you guys, all the participants a copy of the findings just so you can see what we spent our time on and that we weren't just (okay) filling the hours (uhum). Okay is there anything you'd like to ask me about the questions or the study?

#9: Um (long pause, while reading the questions), I'm sorry I'm just going through the questions, I didn't really have time, you sent me all this (yes, I sent it) but it's fine I'll (reading) ...

BP: You can ask me while we're talking about it, you can ask me afterwards, anytime you like

#9: No, I don't have any questions, ya,

BP: Okay and obviously all of this is confidential, it is anonymous, I just have your details so that I can get hold of you and so on, but if at any point you also happen to mention your name or your occupation, I just put that (mm) I just take it out. All right, so let's start with the first one please tell me how you see your body, in terms of weight, shape and size, in other words, what is your body image?

#9: Well (pause) I would say I see an African woman, I a (pause) I don't wanna say a big, but I *seeee*, a woman, a mother, a beautiful figure for a, a South African Black woman. That's what I see (okay)

BP: And what is your cultural background (in terms of?) are you, what tribe as you?

#9: I'm Xhosa

BP: Xhosa

#9: Ya.

BP: And is that traditionally how the Xhosa women are?

#9: Not necessarily, I wouldn't say um traditionally how Xhosa women are, I would rather say traditionally how Black women, Black African are (in general) in general (okay) because I mean, it's not like, you would only find people's shaped like myself only in the Xhosa um tribes, no you find them in every tribe, I'm Xhosa, you find Zulu women shaped like me (okay) Sotho, Tswana, I think one thing that's certain about how I'm looking how my image is, is definitely representing an African woman (okay) ya

BP: Ya, um, is that in terms of the shape?

#9: I would say, yes, definitely in terms of the shape, I'm called the pear-shape (pear-shape, okay) because I am a bit smaller (showed me top) and I'm a big, bigger on my bottom of the body so ya, and I have, I have, I have, um, a bit of a bum, you know I have big thighs I have curves, hips, that you don't really find in (pause) White people, I'm sorry if I can say that (no, please do), I have a small waist (okay) you know I have a bit of a bust, that I know that some White people don't have, I think, you know, you want, it's very rare to find my body shape in, your Indians, your White people and Coloureds, it's very rare.

BP: Okay and in terms of weight (my weight), what weight are you?

#9: Ooh, ooh, my weight is currently, I'm 105 kgs (okay)

BP: And how do you feel about that.

#9: I *hate* it (laughed).

BP: Okay so you're happy with your shape, (yessss) and you're happy with your size, but your weight you're not happy with

#9: No, I'm not happy, currently I'm not happy with my weight (not at all, you said you hate it) not at all

BP: Okay so you're happy with your shape, you're happy with your size, it's just your weight. What would happen to your body when and if you start losing that weight?

#9: Well because the, the shape is basically the structure of my body (ya) okay so if I lose the weight, nothing's going to happen to the structure, nothing's going to happen to the shape, if anything it's gonna, I feel, it's gonna look much, much nicer, smaller ...

BP: Okay, so it would be a smaller version (it would be a smaller version) of the structure (the structure) that your body is (yes, yes) and are you looking to lose weight?

#9: I am (smiled), I'm trying it's just not happening (laughed)

BP: (Smiled) How much would you like to lose?

#9: (Sort of whistled) I think I need to lose about 40 (okay) I need to lose about 40 because I'm aiming to get back to size 36, 34, 35, 36.

BP: Okay, what size are you at the moment?

#9: Currently I'm a 40, 42

BP: 40/42 okay, what made you gain weight?

#9: Um, I think it's a couple of things, I think first of all, is having kids, and um growing up, you know I think as you ... I'm in my late 30s now, I'm 34, so I don't know if I've, I've, I've come to realize, to a realization as Africans we tend to get bigger when we get older (mm), you know, I mean when I was before I had my three kids, I was very tiny, I was a model, you know, I used to model, so um I think as when I was growing up, just getting older, maturing, my body's maturing as well, you know I'm gaining weight, and maybe also it's got something to do with a bit of my lifestyle, maybe I'm not eating healthy, I'm not exercising as often as I should be, you know, so those are the factors to my weight gain (okay) and another thing, it's believed as Africans that if you are happy and comfortable you gain weight, I think that's another factor, you know (okay) because I've also come to realize that it's, I don't think in my case it's necessarily the food because I really try my best to watch what I eat, you know, I try my best to stay away as much possible as I can from your carbohydrates, your sugars, and stuff, you know, okay maybe the effort, maybe I haven't been putting as much effort as I should be but at least I

try, you know, so like I said it's a couple of factors that adds to this weight that I'm sitting on at the moment.

BP: Okay and um you say that in terms of the African culture, when one, when a woman is larger (uhum) she is seen as being happier (yes, definitely) is that how *you* feel?

#9: Um, not necessarily, I'm (pause) I think I've got mixed emotions when it comes to that but I think I can agree with it to myself to certain extent because I've, I've realized that because I'm happy (pause) I don't, I'm not losing weight as much as I'd like to, 'cause like I'm saying I'm trying by all means, I'm eating well, I exercise, you know I do gym at least three times a week, you know but still it's not really going down as much as I'd like it to, it's gone down, you know I'd lose about two/three a month which is not bad, but it's not *really* going down, because my mum would always tell me that okay, listen here, first of all you must look at your family background, look at myself, look at your granny, we are all big boned people, we all have big structures, we're all big women, so what are the chances that you're gonna be small, you're gonna be size 30/32, you know, and judging from your lifestyle where you've come where you are now I think you're happy, you're comfortable, you know, this adds to the weight, my mum says, you know, and um, I also live with my helper, she also says well, she's, she's your traditional woman from Lesotho, she also believes that food does not make you gain weight, it's when you are *happy*, you know, you are *comfortable* in life that you actually start picking up weight, so I tend to be, I've got mixed emotions with that, I, I believe to a certain level sometimes not.

BP: What is making you not believe that totally?

#9: Because (pause) I'd like, to, to think that I'm intelligent enough to know that if you don't exercise, if you don't eat well, if you don't do gym, you will gain weight, you know (mm) but then this is why I've got mixed emotions with that because if because I've got, you know, your traditional culture people around me that they believe and I mean if you see people around you there's people that um say for an example you have friends that are single, they're not working or whatever the case is, once their life starts getting better they improve in one level in their lives, they start gaining weight, you know, so only when I think of such smaller, smaller factors like that, I think okay maybe you know (mm)

BP: Okay, now your mother is saying look at me I'm big boned (mm) look at your granny (mm) she's big-boned you can't expect to be a size 30 (ya) or a size 32 (ya) but you said earlier you were much slimmer when you were younger

#9: When I was *younger*, yes this is why I said that, I, I've come to realize as you get old, your body matures, there's a lot of changes that happens in your body like for an example when you have a child, you know, I think it's only those very few people that will retain their figure after having given birth you know, I mean I started gaining weight after I had my first child 8 years ago, you know, when I had her I was a size 30/32, and then I remember after I had given birth to her, I struggled to lose that weight, and I was sitting at a size 36, after I had her, and then when I had my twins, okay, my last pregnancy, I was 36/38 when I was pregnant, no I was actually a size 36 and then I gained weight, and this is now like four and a half years later, I haven't managed to get back to that weight, you know.

BP: Okay so the pregnancies contributed to (oh yes definitely) to the weight gain to the change (yes) to your body (yes)

#9: The changes, yes I'm a size, I'm a cup D now, I was before I had my kids, I was a size A

BP: Okay, that's quite a big change

#9: Ya, that's like a *huge* change (ya) and before I had the twins I was a B, I'm a D now, after twins, d'you know what I mean, so, mm

BP: Okay, so nature has (taken its course) taken, ya, taken its course and you also come from a family that are bigger boned (bigger, ya), okay so those factors together (mm). In terms of whether you're happy or not, within yourself ...

#9: Um, d'you know what, I, the thing is, this is why I'm always saying I have mixed emotions with that because I wouldn't necessarily say that I'm happy, um, because for one I don't like this weight (mm) so I wouldn't say I'm happy, that's one thing that depresses me a lot at times, you know, and I'm a single mum of three, I might not be *depressed* but it, it saddens me that you know I've, I'm raising my, my three kids alone, so, um, though I wouldn't say that really affects my life, I've accepted it, I'm fine, I'm just saying I wouldn't say that I'm, I'm happy like one hundred per cent, you know I have stuff, I have work, I have stuff that will make me sad in life and I feel it really had that much contribution to my happiness in life then I was suppose to lose weight (laughed) you know what I'm trying to say, I, I don't agree one hundred per cent when people say

when you're happy, you know, I have stress you know, I have work, I have stress at work, I do this, I do that, if that, you know people that when they go through certain things in life they lose weight, I'm not one of those people, I mean I went through, um, my divorce [participant used inverted commas] with my ex, I didn't lose weight (okay) you know people will say you lose weight when you're going through tough times in your life, I never lost weight, I went through times, tough times, I'm over those hard times, I'm fine now but I'm, I'm still gaining if anything.

BP: So, um, and then the reverse is true as well so if you are happy and in a good space do you gain weight, or have you not seen any change there either?

#9: I think, I think at this point in my life, I wouldn't necessarily say I'm in a good space, yet, (okay) ya, I wouldn't say, I am, I am in a bit of a good space but I don't think I am really like, like one hundred per cent, you know, yaaa

BP: (Thinking) You're in an *okay* space (ya, I think that's it), it's not the worst (definitely not the worst) and definitely not the best (not the best, I'm okay), you're okay,

#9: I'm okay, and I feel I'm going to good, ya, I'm not okay and dragging back to the worse, no definitely, I'm moving I'm ascending.

BP: Okay and um, you said you're a single parent (yes) um [paused the recording as one of the children came to her] [resumed the interview] you said you're a single parent (mm), um, do you feel that the weight is contributing to that because you made a face with it



#9: Is it!

BP: Ya (smiled) that the recording wouldn't have picked up.

#9: Uuuuum, do I feel the fact that I'm single has some effect to my weight?

BP: The other way around. Do you feel that your weight is preventing you from being in a relationship?

#9: Uuuuum, I would say about eighty percent yes.

BP: Eighty per cent yes.

#9: Eighty per cent yes.

BP: So you're happy with your shape (uhum) you're happy with your size, you're not happy with your weight.

#9: What d'you mean by size?

BP: Size, as in your size, you are this tall you are this wide, you're happy with your size

#9: No, I'm not happy with my size, just my shape

BP: Okay, just your shape [had to pause the recording again, I think a child came to talk to us again] [resumed interview]. All right let's get back to shape, size and weight.

#9: I'm not happy with my weight, and I'm not happy with my size (size).

BP: You're happy with your shape (shape), your size you are 40/42 (no I'm 40/42) you want to bring that down and you feel that the weight and the size is contributing eighty per cent to the reason why you are a single mother.

#9: No, no, no, I meant it the other way around, no, no no, okay, let's get this straight, I don't feel the fact that I'm big contributes um I meant it the other way around, not eighty per cent but twenty per cent meaning that I don't think it's a major factor (oh okay) so it's the other way (okay) so I'm saying to you, maybe only twenty per cent in other words, ya.

BP: Okay, so it's a factor but it's not the main thing.

#9: It's a factor but it's not main factor.

BP: Okay, so you are as you are (mm), it will be great for you personally (personally to lose it off) to lose the 30/40 kilos, okay, when that happens (uhm), and I'm sure it will happen for you with time because it takes time to lose that kind of weight, just as it took you time to gain the weight (mmmm), when you lose that weight or as you are losing it and you are seeing differences, do you think that your level of "okayness" will improve?

#9: *Definitely* because I'll be happier, you know, I'll be happy, I'll be, I'll be extremely confident, because right now I'm not as confident as I used to be, right now (long pause) and I'm not comfortable, you know like at time, you know it's like I feel like I'm fat, ya (okay) but it's very fine, it varies, I think, it's ugh, sometimes you go to places you meet people that will so appreciate your body, your size, your shape, your weight, and I would look at them, there's something wrong with their heads, you know, and I promise you, a lot of people look at me and they go, wow, you are a beautiful woman, and I don't feel it, you know, because of how I'm feeling about it, but one thing that I also need you to understand is that I've *always* known that I've got *the* shape as far as African people are concerned I've always know that I've got *the* shape, and another thing that also um contributed more was my height (yes) 'cause I'm tall you know and I have this, shape, the shape, because if you're built like me you wouldn't know maybe as a White person, you must know, you are built very well, that structure it's what a lot of women would aspire to be unfortunately it's shape, you cannot make an application for this, you're either born with it or you're not (you're not) so this is why a lot of American women like your [unclear] Minague (?), your Jennifer Lopez, a whole lot of people will go and get them, some, what do you call them bums, booty because you know unfortunately that's something that you can't (you're either born with it or you're not) ya, you know, so ya, now, um, I find people and it's very strange is it maybe only now that I'm cautious of my weight, that I'm finding a lot of people appreciating me, I'm finding a lot of men appreciating me, but I don't see it, you know, even, even my current boyfriend, you know, feels (long pause) he looks at me and he sees a princess (mm) you know he says to me, fine (own name) I'm appreciating that you want to lose weight but he says to me lose just this much, not a lot, like don't let anything happens to those curves, to that bum, you know, um, but I'm very happy with that waist, you know, so if you want to go back,

because I, I, used to have a really flat stomach you know so he says to me if you wanna go back to that but don't let anything happen to that bum, you know, um, so ..

BP: Okay so, a few things (mm) which also takes us to the next (some of the questions), so, in terms of your culture (mm), and in the eyes of the culture (mm), you are the correct shape, size and weight (perfect), you're the perfect woman, you're the perfect African woman, you're the perfect *mother* shape (uhm)(yes), also (yes) because you've matured a bit (yes) you're not 20, and you've got children and all of that (mm), in terms of your boyfriend, is he also Xhosa (no he's a Mopedi), he's a Pedi, in terms of your boyfriend he's a significant person in your life (uhm) he's not just some guy (okay) he feels you are a princess and you're perfect as you are, many other people see you and they see a beautiful woman (uhm), so everything and everyone from the outside is seeing something different to what you're seeing (to what I'm seeing) okay, you're saying, okay this is my shape and I'm happy with my shape (yes), but (the size) you want to be smaller, I want to weigh a lot less, and it's affecting your confidence (it is), okay (it *is*), you were different when you were lighter, were you more confident?

#9: I was more confident, I felt that right now I'm not feeling it, the only thing that I get is when people tell me you know, people tell me, people tell me a lot, I don't see it, you know, I appreciate it, you know, it's good to know what people see, and make of your body, it, it, gives you, to some level some confidence but it's just that, I don't see it and I don't feel it, you know I would, I would, I would rather go back to where I was (where you were) not completely because I mean, you know what I'm trying to say because I'm never gonna be a size 30 again (yes) I don't wanna be a size 30 again (you don't want to)

yes, I can be if I wanted to, 'cause it's possible as much weight as you want but I don't want to go back there, but I would just like to drop down maybe 3 sizes, you know, ..

BP: So, everything on the outside of you is giving you positive feedback about how you look (uhm) you are not seeing it at all (I *hate* it, I hate this size) ... when these people give you compliments and everything, how do you feel about it?

#9: Because I understand where they're coming from as African woman, I understand what they mean, I know that if, if, if, a Zulu man looks at me, I know that, okay, let me just rephrase this, I know that as Africans bigger is better, because I'm African I understand that part but because times have evolved you know, I know, I know the better side, I prefer to use the better side of it, I prefer the other side combined with you know, I, I, I'm living, I'm, I'd like to combine the both of the best worlds for me, you know, I'm, I'm happy with the shape, you know, I, I just don't like the size of it (mm) you know.

BP: So when you say you want to combine the best of it, you want to combine the best of your culture (uhm) with the emerging world (yes) of which you are a part (I'm a part of) because you work (uhm) you work in an environment (yes), okay, let's talk then about the environment (uhm), in that environment where you work (uhm) do people still comment on ...

#9: They do, because I work with Black people as well (okay) but I wouldn't say so much about the White people

BP: Eh, d'you work, you don't work only with Black people (no) okay so you work as we all do (mm), most of us do(mm mm), okay so let's talk colour now because we have – so, let's just focus on our Black colleagues, what do they see?

#9: They love it (animated), they love it, you must remember because we work for a health company (name of company) and stuff, they love it, d'you know what I promise there isn't, at least I haven't come across even (name) your neighbour she will tell you she always tells me, that you know what (own name) you might be big but you're beautiful, she says to me you've got a small waist (own name) you've got a bum, you've got curves, you know, you must ask her, she'll tell you, everyone sees it, you know even my Black colleagues will say okay (own name) you know what, you don't even need to lose a lot (mm) you just need to lose just a bit (mm) you know because they know how I feel (yes) even my boss, okay he's White, he's White, we always go on these diets together, we always go on these, he's also trying to lose weight, you know what I'm trying to say, so but because he's male we won't go, we won't go as deep as I'm going with you now (yes, absolutely) and, and, as a White male he doesn't appreciate this body, I don't think he does because we've got another, we've got another, it's all races of course, I think, just, um, this one guy that we work with (name of colleague) I remember this one time, we received an e-mail and I remember that e-mail it was a picture of a woman, a Black American woman who had this shape, and d'you know what he did, he said (her name), I just received a picture of you, and I was like what do you mean you've just received a picture of me, he says come see on my computer, I went to look at it, it was obviously not me, but I recognized the shape of the woman, I was like oh, that, you know, and he was like, you know what I wouldn't mind this, it's just that my parents wouldn't approve, and it was just a joke, so in other words, I'm not too sure about the

White part of it but I know the Coloured people and Indian people, you know I get my Indian colleagues that will always also appreciate my body, you know they will always say [unclear] hm, nice butt, you know if you're wearing your jeans, they'll even tell you, you know (own name) I prefer you when you wearing your Diesel jeans because they enhance that apple um bum shape, d'you know what I'm saying, so it [interrupted recording because a child came to us][resumed recording] ...

BP: So in general it sounds like in your work environment (mm), with the combination of people (mm) that your body is appreciated (ya) which doesn't make a difference to you because you still (mmm) it's nice to hear (mm) but it's coming from externals, it's not how you feel (it's not how I feel) okay, and in terms of expectations in the workplace (uhm), for someone in your position, is there any kind of expectation of how a woman in your position should look?

#9: (Thinking) I think, no (particularly as you're in the health insurance industry), mm, no, I, I, no, I wouldn't say so, because, um, we have all shapes (laughed) at work, you know, I work with much bigger women than what I am, no, definitely, I mean some of our senior bosses are big, big, big White women, so ..

BP: Even though you are in the industry you're in (mm) which is the wellness industry (yes) for the staff who work there (mm) there's no expectation that you need to be a certain size (no definitely not), fitness level (definitely not)

#9: They'll always encourage it you know, they would always, like for an example, yesterday this is why I couldn't make the one o'clock, yesterday at work we had a cook-

off kind of a competition, where every divisions now, you must know (name of company) is big, we have a total of 10 divisions, now I work in the \*\*\* division, which is called (name of division), there's (name of other division), there's (another), there's (another) there's a whole lot of them, so what happened is there was a cook-off competition where if you feel you know how to cook, you must just enter the, the competition, which I did, and luckily I was one of the guys that were nominated so myself and 10 of my other colleagues from different departments had to, we went and took place and we were competing against, um, the other divisions, so what happened is, the competition was we needed to cook the most healthiest meal (okay) but it had to be tasty (okay) you know what I'm trying to say (ya) so this is, it's always encouraged that you need to do your level best to life healthy, you know, just maintain, live a healthy lifestyle (okay) so I'm but because we are a health conscious company I wouldn't say that (name of company) would look at the one, this one smokes, or this one is big, or this one doesn't really care about body image, I don't think they really look at that (okay) mmm ..

BP: And that is the question.

Researcher note: From here until the end of the highlight, the discussion involved details regarding the company the participant works for and was not of direct relevance to the research questions, though it was of relevance to the obesity epidemic. During the self-evaluation phase of the interviewing process, I made a note of this (see end of interview). In the interests of confidentiality, and as this transcript is being included in the dissertation, I have used ellipses for parts of the discussion that could identify the participant's company and/or her position. The original transcript remains in tact.

BP: Um, the division, the company that you're in, from what I understand, is a ....

(based) based



#9: Okay, let me explain to you, it is a .... based in terms of (name of company) has a .... with .... with one of the ....

BP: Okay, thank you for that explanation, but question then is, within the company that you're in (ya) that has no issues with body weight (mm) with image, they simply encourage you to choose a healthier option (yes, yes) but it's not a mandatory thing, is that in any way an influence from .... that it doesn't matter, and I'm putting it in inverted commas, (uhm), or not?

#9: I think not.

BP: Not,

#9: No, I think not, because if you think about it, like I said .... so um, no, definitely not.

BP: Okay, the reason I specifically asked that is, what emerged when I was doing my literature search was that the states, the United States of America is first in terms of obesity (and then comes the UK and then South Africa) and then it's us, that's why I'm asking, because you are in a unique situation (mm mm mm mm) to my other (yes) participants .... it's the South African influence (it is, it is).

#9: And one thing the reason also I'm saying that is because another thing that we in our sessions, in our meetings, updated whatever happens, we always, you know even when we ...those people are very obese (yes) so (name of company) is trying to encourage

them, ... you go to gym, ... you do this and that, and you eat healthy, ... 'cause they're trying to encourage and to get them to live a healthier life, yes, ...

BP: So ... they are simply trying to find ways to encourage people to lose weight (uhm) and become healthier so go to gym and all of that (uhm) ...

#9: And just to add onto that, you know as much as (name of company) has ...

BP: So, now this is not part of the study but I think it's quite, it's a peripheral so why do you think that ... d'you think that we are because we are a little bit healthier and less overweight?

#9: That's an interesting question, I'm not too certain ...

BP: So it's not that ...

#9: If you want ...

BP: ... (ya), okay that's interesting (mm) so it's not then what ...

#9: In ...

BP: ...

#9: 'Cause another thing that they've done ...

BP: Okay, and um, before you were at (name of present company) what company were you at?

#9: I worked at (name of company).

BP: Okay so have you been in insurance field.

#9: Industry.

BP: Industry since ...

#9: Ya when I started I worked for a bank, yes it's just been insurance industry.

BP: And has the same, just getting us back to our research, has the same applied in all the companies that you've worked for in terms of the body image, and the shape and those expectations?

#9: Ya, I, it's the same I wouldn't say they look at a person's image, not that's what you're asking hey (yes, that's what I'm asking you), all right ..

BP: I just have to be careful how I ask the questions (mm) because I'm not allowed to lead you to (okay) but sometimes I just don't know how else to ask it. So basically in all of your other companies including your current one there is no issue from the company's point of view in terms of an expectation of how their staff should look (definitely not) as long as you are doing your job (mm) as long as you ...

#9: ... yes, as long as you are the best candidate in terms of what they need from you, then you're fine (then you're fine) they definitely don't look at how you look (okay) maybe they might look at the colour, I don't know, they might I think, they might look at the colour because if I look at all the junior levels, it's mostly Black people, you know, I donno, I'm just saying they might because if I look at our call centre, I think, um, because our call centre is all Blacks (long pause), um, but then I think that's because most of these guys you get from the internships, you know and I mean internships are open to everyone it's just that maybe the applicants are always, always Black, all Black, only Blacks, so ...

BP: And now, at your level?

#9: At my level, well, it's, at my level it's every kind, there's mixed races ya...

BP: So again it's what you said earlier as long as you're the best candidate for that job (yes) and that particular position (mm) it's irrelevant (ya) ...

#9: It's irrelevant, there's Blacks, there's Coloureds, there's even Chinese, ya, at my level it's mixed races (okay) yes...

BP: All right and um I will just make a note of what that is for my details (uhm), um, is there anything else that you'd like to tell me in terms of the study (we both looked at the questions again), anything else about shape, size, weight, in terms of culture, personal ..

#9: Okay, in terms of culture, generally smaller women are not as appreciated, and again just to get back to that comment I made the times are changed, evolving, you find, now

your (pause) you know your up and coming, um, okay, no, let me how can I rephrase this, I can just give you a practical example with (whispered – the children's father) he is now with a younger women, 10 years younger than me, and *way* too small, she's very petite, she's very, very small (okay) and if I remember very well when we were together, some of, another thing that contributed to the break up was my weight, though it might have been a small factor but it was still a fact, you know, what I'm trying to say, you, you find, some guys, some African guys, um, I think more especially the younger generation tend to appreciate small (okay) ya.

BP: Where do you think that influence is coming from?

#9: (With no hesitation/pause) The Media (the media) the media, um, ya, the media, TV, magazines, um, you know your current news everything now is encouraged smaller, maybe this is why I'm feeling the way I'm feeling now because I'm thinking smaller is better, d'you know what I mean (mm) and because now the times are changing we are now trying, as Africans trying to sort of like adopt the White culture, you know, you find me now, I'm telling you know, I'm trying to eat healthy (mm) you know, my mum would never tell me not to eat bread, my mum would never tell me not to eat pap and rice, you know, right now in my household I don't, in, in, my, I watch my, my diet for my whole family, I will, I don't recommend serving rice, pumpkin, mash potatoes, um, sweet potatoes, you know what I'm trying to say, I'm looking at all the carbohydrates, I'm more cautious of that now that I'm grown up and I've got my own home and I'm able to make my choices, but if I have to go to my mom's house now, and tell her mama, you need to eat a balanced diet, she looks at me and goes, what's wrong with you child, you know what I'm trying to say but I think the more, um, how can I put it, you know, um, the more

exposure you get in the worlds we live in (mm), the environments that you work in, and we go to school, you know, you know we tend to be more intelligent, we get smarter, a lot of things only start making sense now, I mean if I have to compare the diet then when I was at my mum's house, it's two complete different thing (two completely different) even if I have to go to my parents and maybe I'm spending the weekend there or the day or whatever and I have to prepare a meal for my parents, half the time they don't appreciate what I make for them because they'll be light too light, you know, just to give you an example, if my parents prepares bolognaise, bolognaise is mince and pasta (and pasta), if you go to my mum's house, when she prepares bolognaise, it means pasta and a starch, it's rice or pap, can you see, if I buy my soft drinks I always go Sprite Zero, Coke Zero (mm), if I buy that, if my mom comes here and I give her that, she doesn't really appreciate, like I'm teaching my kids to eat brown bread, if you go to my mom's house, when they go there to their granny's, they eat White bread which they *love* and I'm trying to encourage a healthy lifestyle, you know, in my household we don't even, um, White bread, even the sugar we go brown sugar, you know 'cause I'm trying 'cause I think I've, I've learnt that it's healthier the better you know I was even telling my dad now who's a diabetes we found out two years ago, my mum's always had hypertension, and I'm trying to teach them, guys, you need to avoid, you know, stop using salt, maybe go beef stock if you really want to have that, so it's it's the lifestyle that we lead are so different man, and we still have a *very* long way to go, a very long way to go because even when you go in the rural areas whether you visiting your family or you visiting your in-laws, you can't really prepare White food for them, you can't prepare, um, lean, lean um mince, you know you can't prepare, anything without fat (mm) for them, you can't do that, you know, even when my helper cooks, she always says why d'you have to cut off all the fat, you know, meat is much nicer with fat around it, can you see, it's different generations

(mm) so by the time she's my age (indicated her daughter) she's definitely going to make a healthier choice than even I'm making now (yes) because times are evolving (yes) you know, so um, what else can add there, and then ya, maybe another thing I can just add to, as it's also different, depends with just trying to think of a better word, like if you take your (thinking) even a young woman like myself, if you take me living in the suburbs of Johannesburg, and you compare me with another young woman that lives in Soweto, we are two completely different people, two completely different people, when she looks at me, she'll tell me not to lose weight because I'm perfect, you know, she'll tell me, not to, why am I, eating brown bread rather than White, White is much nicer than brown, you know, so it also depends I think at the level of education, I think we've all got influence.

BP: So influence and the environment that you are in, even of the same generation (yes).

#9: Yes, influence.

BP: So environment plays a (*huge*) huge role (a *huge* role, a *huge* role).

#9: And maybe just to give you an example, my nine year old, my kids all speak English because of the area that we live in, I mean we live by people, we go to White schools, you know, um, if you bring (name of friend) here, (name) is not going to be amazed by the fact that these kids speak English, you know, for us it's way of life, it's normal but if you go, if I, if we, we always go to (name of home town), if I wasn't here with you, I would have been home in (name of home town), if I go to (name of home town) with my kids, um, a lot of people tend to think wow, you know, they, they feel it's, really, they speak English [participant put on a snobbish type of accent] you know, which for me is the

norm, so that's what I'm, different, same culture, same culture make no mistake but different environment (different environment) ya.

BP: Different environment, different influences (different influences) and you've taken the different environment and the different influences and you have chosen to incorporate that into your life.

#9: And I have *chosen*, it's a choice that you make (you've chosen) it's a choice that I've made, I mean even now, traditionally in (name of home town), this kind of weather if I go home now, I would find Vet cakes in my mother's house (mm) you know, and I love them make no mistake, I eat them, you understand, and um, I always consol myself and say you know what, because I always watch what I eat, and I you know what, I'm only having this once a week, or, like twice a month when I go home so it's okay for me to eat it, you know, and I always tell these ones when they go home, there is this, I don't know, if you would be familiar, are you South African (yes) you are South African, I don't know if you know [unclear] it's like a Bunny Chow (oh, okay), now in Soweto that's like a common meal, if you go there for lunch what they'll serve you is a quarter of a bread loaf filled with deep fried chips, French polony, *cheese*, um, um, your frankfurter, or your Russian, can you imagine, now a combination of all of those things that is like wrong food in my eyes, d'you know what I'm trying to say, so this is what I'm trying to say, even my niece, she's three years older than my daughter, no no, you cannot eat such food, she knows even when I'm there, if I've left them there, and I'm with my friends and whatever, apparently when they buy her that [unclear] that she eats it my mummy doesn't see it, or she'll have half of it, this is what I always tell them, if you don't want to have,



rather have half of it, this is all wrong food combination (okay) because I've chosen (yes) you know, ya.

BP: And even when you have the Vetkoek, it's now become a thing in your mind when you are saying I know it's not good for me, but (mm) but you rationalize (mm) I only have it once a month or twice a month whereas for your family and for the people who have not evolved and that was the word you used (okay) it's (fine) normal (normal, yes anytime) justify (anytime, ya) okay and um, ...

#9: What else did we not ...

BP: I think we've talked about all of it, but is there anything else .... (we were both looking at the questions again). Your ex, um, partner, (uhm, yes), what um tribe was he?

#9: He was Pedi as well.

BP: Also Pedi (yes) and your current boyfriend is (Pedi as well) also Pedi. Your current guy is very happy with how you are (*extremely*) doesn't want you to lose (uhum), the previous (does) ...

#9: I'll tell you what, um, my ex, is a CA (okay), he's a CA, he's my age, he's 34, turning 35, can you see the generation, my current is 39 turning 40, and as much as he's South African but he comes originally from the rural areas in Limpopo, now ex is your young man from Soweto, can you see the generation (mm), that has an influence, um, if you, you can't I promise you, no man in the rural areas will complain about a women's body

weight, body image, never, the bigger the are, the better you are, in the rural areas, um, but then again also now, we, we can't rule out the fact that we are all Africans, we are all, um, we all have cultures, so now in this age, in this urban area, I think it all depends, it's preference really (mm) you know um, I remember when we used to fight, he used to say to me, this was not what I signed up for (your weight) my ex, that's what he used to say, I never signed up for this, never this big, you know, I want you to go back to that, d'you know what I'm trying to say, but like, that's what I'm trying to say, it's preference, because I still get younger guys asking me out, as big as I am, you know, so it's just preference, but I think, generally speaking African men prefer don't necessarily have a problem with bigger women, and then another factor that we just, which can also affect as well is the fact that Black men, *some* Black men let me rather say will tell you that they prefer a woman with a bum, there aren't like women shaped like White people don't necessarily have a bum, White people don't necessarily have a small waist, you know, it might be [unclear] but it's, um, White people don't necessarily have a big bust, you know what I'm trying to say so you find so like my cousin, my cousin's brother who is, he is about 32 now, he's married fine, I remember one time I was chatting to him and I said to him if there's anything that I've noticed is that all my life that I've known you you've never dated women who didn't have big breast, he says to me, a women for me is big breast, I promise you, all these ex-girlfriend, they might be smaller but I promise you if anything in common they were all big breasts, I mean he even used to tease me, you don't even have anything there, and it is, they were like completely not there, you know, so um, ya, so some guys will tell you that I want my woman to look big breasts, you know, I mean, my, my current is saying to me now, we talking marriage, he says to me, I've always dreamed of seeing a woman like yourself in my kitchen, you know, and um another thing that he also says to me which I always think is that one thing he admires

most about my body is that you hardly find a *tall* woman with my body shape (mm) which is correct, a lot of, a lot of, a lot of women they might have the same shape but you find they're short, like, um, or you find they might be tall but they are your apple shape, your [unclear] shape, they're big here (indicating mid-section) and he always says that I'm .. a lot of women pear-shape don't really have calves, big calves because they tend to appreciate that as well, so you know (laughed) it's crazy (?).

BP: So for the African culture what do you think is behind the appreciation of a woman being big?

#9: I'll tell you what, because like I said even earlier on that it's believed that when you're big you're happy (just the happy, or is there anything else behind it), no I just think the happy, this is what I've picked up, I'll just give you a practical example of that, um, um, I have this recent married couple that I know, now since this guy has been married, both him and his wife since they got married, they've both gained weight, you know and it's believed in the African culture that once you are settled, you have a wife, you have a family you ought to gain weight, that symbolizes happiness and you know, settlement, that you're settled, that your ya ...

BP: Okay, and in terms of ...

#9: Because if you see me, as a married woman and you are thin it's perceived in the African culture that you're not happy, that your husband is not treating you well, your husband is not feeding you, and vice versa, that your wife is not treating you well, she's not cooking for you, she's not, you know, yes ...

BP: Um, if you were to lose the weight that you want to lose (mm), I want to ask you about two lots of people, what would be the reaction of your parents (uhm) and what would be the reaction of your boyfriend?

#9: Okay, um, my parents would say to me, they wouldn't really have a problem because I think with them what's important is what, how I feel, what I see, you know, even my dad will say to me, I think you have gained a bit of weight (name) you know, ya, my dad will say that to me, my dad will say to me you must stop eating this, my dad will say that to me, so as far as my parents are concerned, if I'm happy they happy (okay) ya, my parents will never really make me feel bad about my weight, as much as my dad will tell me you need to lose weight, it doesn't mean bad, it doesn't mean, if I've gained I'm not his daughter anymore, he's not happy, no, definitely not, and then I know for a fact for my current boyfriend, he wouldn't appreciate, he always, when we drive around, we go to malls, we go out, wherever, he says (her name) I don't want that, so he's always point out a smaller woman and telling me like, there's no way my woman can look like that, so if, if anything I can tell you that my current boyfriend will never date a smaller woman, ever.

BP: So, where does that leave *you*, you want to lose 40 kilos...

#9: But remember as much as I want to lose weight, I don't want to go small, I want to lose weight, yes, me losing weight, I'm not thinking small at *all* 36 is not small if you think about it.

BP: You're just thinking you want to lose perhaps if not the 40, you want to lose 10, 15, 20 just to (yes) get rid of some of the (yes) ...

#9: If I can, if I can be, um, if I can get to 36/40, you know, if I can get to, um I would weigh around 80/85 I'm happy, I'm not hoping to become that thin tall model that I was, no, I don't, I don't even want it (you don't want it) I don't want it (it was your other life) it was your other life, for me it's important also that I represent my kids, I want when people see me to see that she's a mum (mm), you know, not necessarily that I'm associating mum with big but for me personally I think I have to be seen as a woman.

BP: A mature woman? [participant mentioned maturity earlier in the interview]

#9: A mature woman so for example when I tease my ex I tell him that, I refer to his current as a child because to me she is a child, she's 24, she's a child, she's small, she's very short, I call her, I call her (whispered) a midget, so when, when, when he pisses me off I refer to her as that child, that midget that you are trying to um, to mould into becoming a woman, only when we fight, but you see, let me just give you an example, for so to what I was telling you now, a lot of people because I was with my ex for 15 years, when they see him now with the current, they like, oh my God, a child, how could he have, stooped that low to go and replace you with a child, and they feel it says a lot about him because this man has gone cuckoos, he's lost self-respect, can you see ..

BP: I can see, very clearly (mm) so what you are seeing even though you're not one hundred per cent happy as far as you're concerned you are fitting the image of a mother, you have your responsibilities, got to look after your children (mm) you've got your guy (uhm) you want to be with (uhm), anything smaller, scrawnier that looks like this does not fit the image of a woman (no) that's more when you're young when you're 16/17 (yes, yes) young 20 ...

#9: Not unless you can't help it, I've got a friend of mine who's same age, she's very tiny, she's got three kids as well, you know, she's, works for her, she's been pregnant three times, well fine, I've only been pregnant twice because I had twins, three kids, fine, but you should see her she's tiny, tiny ...

BP: But you also understand that that is coming from just the way she's structured ...

#9: Ya, it's not, it's hereditary, you know, she's like my mum was telling me, if you look at the rest of her family, even her older sisters, much older sisters, they small, they still small, so they're a small family, you look at her mum, she's a small woman, you know so there's no way, I can be like that when my mum was as big as me and my whole family, my young sister is as big as me, so we are a big boned family, the only reason I was smaller then I was younger, I mean, look at my kids they all thin (yes they're all thin)

BP: Okay, so, I think we've covered a lot (hmmmmmm) okay, nothing else to add, nothing to ask...

#9: I don't know do you have any questions for me

BP: I think we've covered a lot (I think we have) and you really have given me a lot thank you.

#9: It's a *pleasure* ...

BP: All right, we can end it here.

– Interview ends –

Self-evaluation:

1. I was aware of being in someone's home even though it was by invitation with no suggestion from me, and that there were children around, as well as a TV and a helper, but the participant didn't seem to be hesitant in sharing with me. I felt a little uncomfortable having this discussion with young children and a helper around, but they were not sitting there actively listening to us, and were in and out of the lounge.
2. I felt okay asking the questions in the manner I did so as to fully engage with the participant and have a discussion, but also lowered my voice when she did regarding her "ex".
3. The part of the interview regarding the UK was asked in the context of global obesity, and influence, and I feel helped me clarify some things.



the spirit that moves

CLIENT/STUDENT: Xanthipi Malama Papakyriakou

## THIS IS TO CERTIFY THAT:

Prof. Jeanette Maritz has co-coded the following qualitative data:

### **11 Individual interviews**

For the study:

“Professional Black South African Women: Body Image, Cultural Expectations and the Workplace”

I declare that we have reached consensus on the major themes of the data during a consensus discussion.

Prof. Jeanette Maritz (D.Cur; M.Cur; B.Cur (Ed.et.Adm); Advanced Research Methodology

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## Appendix 5

### Feedback Pamphlet for the study entitled Professional Black South African Women: Body Image, Cultural Expectations and the Workplace

The purpose of this Feedback Pamphlet is to thank the participants for their time and input, with the intention of showing them that the time invested in participating in the research translated into findings that might be of some use to them and to show that they exist within a broader context. The Feedback Pamphlet is also considered merely as information, not as an official document in other contexts, and as a means of enhancing the participants' experience of their research participation, making the information gained through the research accessible to the participants.

#### **Summary: Major Findings**

Across the data set, that is, across the interviews of all 11 participants, five major findings were identified as follows: 1. Western values and outlooks have filtered through to, and have influenced, the participants. 2. Lower weight and thinness do not automatically correspond with beliefs, fears and assumptions about being HIV-positive or having AIDS; they correspond instead with healthier lifestyle choices. 3. Body shape rather than weight or size was the prominent area of focus for the majority of participants. 4. Clothes and clothes size are used to determine perception of overweight. 5. Being overweight has consequences, some more debilitating than others.

#### **Summary: Main Concepts**

This study focused around three concepts, namely the body image of professional Black South African women, the cultural expectations regarding body weight, shape and

size, and the expectations or tensions experienced in the environment in which these women work. Below is a summary of the findings regarding these three concepts.

**Body image.** Of the 11 participants, five were content with their bodies overall (45%), two were dissatisfied/unhappy (18%), two were satisfied (18%), one was happy, and one was apathetic regarding her body overall.

**Cultural expectations.** According to reports from the participants, the majority of the represented ethnic groups (Zulu, Xhosa, Northern Sotho/Pedi) generally traditionally preferred and expected full-bodied women. The only exception seemed to be the Tswana ethnic group, who were generally smaller-figured. However, participants mentioned emerging trends resulting in some changes towards expectations that are different from traditional cultural norms and expectations.

**Expectations or tensions in the workplace.** Perhaps because of anti-discrimination laws, alluded to by some participants, overt expectations in the workplace were not found, expected or imposed by the respective companies, organisations, or senior management. In one organisation, employees are encouraged to make healthier choices, and in two other organisations there is a culture of health consciousness starting at the top with owners/senior management and filtering down; in another, they are expected to be a representation of the company, in this case facial cleanliness and attractiveness, while one company leaves it to individuals to decide what is appropriate in terms of appearance. In the remaining five, no expectations or experiences were reported. In addition, there was either some discussion (in four organisations - 36%), or no discussion (in one organisation) about weight, size, shape and appearance among colleagues, while in the remaining six organisations (54%), discussion or absence thereof did not come up in the interviews.

## Findings in Detail

As a group, participants showed varying degrees of satisfaction and dissatisfaction with aspects of their physicality. Some were more light-hearted about their challenges, while others revealed more serious issues with their personal challenges. Overweight contributed to health issues, though not for all participants, and health issues were disrupting some participants' lives to a lesser or greater degree. Some discussed health issues that had improved with weight loss, for example asthma, blood pressure, or that deteriorate with weight gain, for example heart function, aching knees and feet. As a group, the effect of being overweight varied. The consequences however were not always negative. The desire for weight loss was prominent among participants in varying degrees, and varied between just two kilograms and 40. The quest for lower weight was motivated by issues of health or by appearance, or to achieve the desirable image, especially in the workplace. Without exception, overweight was not a desired goal for any of the participants, but neither was being too thin, and in contrast to the literature, no participants themselves equated weight loss and thinness with HIV/AIDS, even though according to one participant there appeared to be the possibility that stereotype still persists in cultural settings.

All but two were happy with their shape, while satisfaction or dissatisfaction with size differed. Factors that contributed both to weight gain and to desire for weight loss and healthier weight are socio-economic, in line with some of the literature, for example level of education, urbanisation, residence, influences from the media, technology and other cultures, as well as lack of physical activity and shifts from traditional eating habits to Westernised eating habits that include foods rich in fat and sugar.

Regarding cultural expectations, the experience of all participants except one of Tswana heritage pointed to a preference for women to be full-figured, but perceptions and

expectations in the cultural environment are changing. The most prominent finding regarding the effect of the external factors is that participants had adopted Western lifestyle choices to some degree, together with education and work/home environment, which were considered pivotal to their outlook. For all participants, the present was different from the past in terms of their lifestyles or their bodies, and challenges in the present. For most, mindset and personal outlook had changed or needed to change, and mindset contributed to the status quo in their lives, both positive and less positive. For most participants, the desire to have a positive influence on their families was prominent, with the participants generally leading the way in their families in terms of education, occupation, environment and lifestyle choices.

No formal expectations in the workplace were revealed, environments were tolerant of differences and in some encouraged healthier choices. Tensions regarding two isolated incidents involving overweight employees were discussed. In some companies though not in all there were animated and varied discussions regarding weight and related issues.

### **Recommendations for Practice Emanating from the Findings**

It is important to note that the current study sought to explore the perceptions and personal, subjective experiences regarding issues of weight in a specific sub-grouping of professional women. Its purpose was to advance our general understanding of these issues and any cultural differences that were found, with a view to fostering tolerance between individuals. It did not seek to provide solutions to weight management issues. Nevertheless, recommendations for practice emanating from the findings in the study were alluded to in the dissertation regarding the issue of HIV/AIDS, illness, prosperity, thinness, and overweight by suggesting it would be useful to improve various national

health and weight management programmes relating to the complexity surrounding issues of weight, including underweight. Such improvements could dispel many misperceptions regarding the causes and consequences of weight issues.

Similarly, a remedy for weight issues could be sought in the social and personal context through influence and education, along the lines of what the participants in the current study were doing by creating awareness of these issues with those in their personal and social environments. This could be extended to other communities through outreach programmes in various communities through various channels, for example, discussions at church gatherings, presentations at places of work, literature disseminated at community centres, through school talks, university lectures, et cetera.

An additional recommendation would be to find ways to standardise clothes sizes in South Africa, and to disallow, or at least discourage, manufacturers and retailers from substituting smaller size labels for larger ones, which appears to have created a false sense of actual levels of overweight and obesity.

### **Suggestions for Future Research**

1. To duplicate the study in more regions in the country with the same characteristics of inclusion but in addition perhaps focus on interviewing women from all the major African cultural groupings, not only those explored in the current study.
2. To compare the experiences relating to the topic between professional Black South African women working in the public sector and those working in the private sector, based upon a discussion about the differences between “government and private”, not only in terms of weight, but motivation to work, competitiveness, accountability, opportunity and influence.

3. To duplicate the study using professional Black South African men as participants, with the same characteristics of inclusion and asking the same questions posed to the women in the current study, with a view to getting both sides of the gender story.
4. To conduct a much larger study with professional South African women in all four racial groups as represented by the SA Institute of Race Relations, namely White, Black, Indian and Coloured, and compare their body image, their cultural expectations, and their experiences in the workplace.

The findings of these suggested studies could contribute to greater insight into diverse cultures and the associated values and challenges related to body image and weight management. This could prove beneficial in fostering greater understanding and tolerance of the diverse experiences of citizens in a multi-cultural country such as South Africa.